

SENECA - CAYUGA NATION

ENROLLMENT APPLICATION

Return by Mail:
Seneca-Cayuga Nation
Enrollment Application
P.O. Box 452387
Grove, OK 74345

Return in Person:
Seneca-Cayuga Nation
Enrollment Department
23701 S 655 Road
Grove, OK 74344

Applicant Full Name: _____
Last _____ First _____ Middle Name _____ Maiden _____

Date of Birth: ____/____/____ Place of Birth: _____

Physical Address: _____
Street # _____ City _____ State _____ Zip _____ County _____

Mailing Address: _____
Street # _____ City _____ State _____ Zip _____

Email Address: _____

Telephone Number: _____ Preferred Method of Communication: Phone Email Mail

List Tribe(s) in which the applicant is an enrolled member: (Enclose copy of CDIB(s) Degree(s) claimed in Tribe(s) listed above:
Mailing Address of Tribe(s) _____

Has the applicant ever been relinquished or terminated from the Seneca-Cayuga Nation or any other federally recognized tribe?
 Yes No If yes, please provide the date and reason: _____

Is either parent enrolled as a member of another (one or more) tribe(s)? Yes No

If yes, list tribe(s) _____

Fathers name: _____ Tribe & Degree: _____

Mothers name: _____ Tribe & Degree: _____

Is the applicant a direct lineal descendant of a member of the Seneca-Cayuga Nation? Yes No

Has applicant ever received a per capita payment as a member of other tribe(s)? Yes No If yes, what tribe? _____

Ancestor on base roll through whom enrollment rights are claimed: # _____

Relationship to Applicant: _____

Is the application being filled out on behalf of an adopted child, a minor, or another person who requires a sponsor? Yes No

If yes, relationship to applicant: _____

Provide official documents attesting to sponsorship.

Required Documents Original State Certified Birth Certificate, Must Include A State File Number OR A Notarized Copy
Attesting it is a Copy of the Original State Certified Birth Certificate

APPLICATIONS WILL NOT BE APPROVED UNLESS YOUR APPLICATION IS LEGIBAL BY THE ENROLLMENT COMMITTEE

Certification:

I certify that all the information provided in this application is true and accurate to the best of my knowledge.

I understand that any false information or misrepresentation on my part will be grounds for dis enrollment from the Seneca-Cayuga Nation.

Print Name of Adult Applicant or Sponsor: _____

Signature of Adult Applicant or Sponsor: _____

Date Signed: _____

Approved by the Enrollment Committee

Denied by the Enrollment Committee

Applicants Full Name: _____
Last _____ First _____ Middle _____

Date Of Birth: ____/____/____ Place of Birth: _____

Gender: _____ Marital Status: _____

Mothers Full Name: _____
Last _____ First _____ Middle _____ Maiden _____

Date Of Birth: ____/____/____ Place of Birth: _____

Present Mailing Address: _____
Street # _____ City _____ State _____ Zip _____

Fathers Full Name: _____
Last _____ First _____ Middle _____

Date Of Birth: ____/____/____ Place of Birth: _____

Present Mailing Address: _____
Street # _____ City _____ State _____ Zip _____

Please list all brothers & sisters to applicant:

Sibling Full Name: _____ Date Of Birth: ____/____/____ Martial Status: _____
Last _____ First _____

Present Mailing Address: _____
Street # _____ City _____ State _____ Zip _____

Sibling Full Name: _____ Date Of Birth: ____/____/____ Martial Status: _____
Last _____ First _____

Present Mailing Address: _____
Street # _____ City _____ State _____ Zip _____

Sibling Full Name: _____ Date Of Birth: ____/____/____ Martial Status: _____
Last _____ First _____

Present Mailing Address: _____
Street # _____ City _____ State _____ Zip _____

Sibling Full Name: _____ Date Of Birth: ____/____/____ Martial Status: _____
Last _____ First _____

Present Mailing Address: _____
Street # _____ City _____ State _____ Zip _____

Sibling Full Name: _____ Date Of Birth: ____/____/____ Martial Status: _____
Last _____ First _____

Present Mailing Address: _____
Street # _____ City _____ State _____ Zip _____

Certification: I certify that all the information provided in this application is true and accurate to the best of my knowledge. I understand that any false information or misrepresentation on my part will be grounds for dis enrollment from the Seneca-Cayuga Nation.

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Print Name of Adult Applicant or Sponsor: _____

Signature of Adult Applicant or Sponsor: _____

APPLICANT

FATHER

TRIBE: _____
DEGREE _____
ROLL # _____

MOTHER

TRIBE: _____
DEGREE _____
ROLL # _____

GRANDFATHER

TRIBE : _____
DEGREE: _____
ROLL #: _____

GRANDMOTHER

TRIBE: _____
DEGREE: _____
ROLL #: _____

GRANDFATHER

TRIBE: _____
DEGREE: _____
ROLL #: _____

GRANDMOTHER

GREAT GRANDFATHER
TRIBE : _____
DEGREE: _____
ROLL #: _____

GREAT GRANDMOTHER
TRIBE: _____
DEGREE: _____
ROLL #: _____

GREAT GRANDFATHER
TRIBE: _____
DEGREE: _____
ROLL #: _____

GREAT GRANDMOTHER
TRIBE: _____
DEGREE: _____
ROLL #: _____

GREAT GREAT
GRANDFATHER

TRIBE : _____
DEGREE: _____
ROLL #: _____

GREAT-GREAT
GRANDMOTHER

TRIBE: _____
DEGREE: _____
ROLL #: _____

GREAT GREAT
GRANDFATHER

TRIBE: _____
DEGREE: _____
ROLL #: _____

GREAT GREAT
GRANDMOTHER

TRIBE: _____
DEGREE: _____
ROLL #: _____