CHEROKEE NATION
TRIBAL REGISTRATION
P.O. BOX 948
TAHLEQUAH, OK 74465
Phone: (918) 458-6980
Email: registration@cherokee.org
Web: www.cherokee.org

DATE:_____

TRIBAL REGISTRATION REQUEST FORM

ADULTS: MUST SIGN OWN FORM IN "INK" AND PROVIDE A COPY OF SIGNATURE ID REQUIRED

MINORS: PARENT/AUTHORIZED AGENT/CUSTODIAL PARENT MAY REQUEST. SIGNATURE ID REQUIRED

☐ ADDRESS CHANGE ☐ AMENDMENT ☐ DUP CDIB ☐ DUP CITIZ ☐ IND PREF LTR ☐ MARRIAGE NAME CHG ☐ RELINQUISHMENT ☐ OTHER

_____
LEGAL NAME: FIRST MIDDLE MAIDEN LAST

GENDER: FEMALE ☐ MALE ☐ X ☐

_____ _____ _____ _____
DATE OF BIRTH CITIZENSHIP NUMBER TELEPHONE NUMBER SOCIAL SECURITY

PHYSICAL ADDRESS:_____
ADDRESS CITY STATE ZIP

MAILING ADDRESS:_____
ADDRESS CITY STATE ZIP

EMAIL ADDRESS: _____

NAME CHANGE: _____ _____
WAS NOW

IMPORTANT:

If the applicant is under 18, is he/she listed on any Court appointed record, such as guardianship, divorce custody, etc.?

YES:_____ NO:_____ If YES, custody/legal documents will need to be submitted with this form.

_____
SIGNATURE OF PERSON REQUESTING

( ) PERSON HIMSELF/HERSELF
( ) PERSON MAKING REQUEST:_____
( ) AUTHORIZED AGENT (Relationship)

Explain how to amend your CDIB here (if applicable):_____

_____

_____

REVISED {06/2021}