



CHEROKEE NATION
Registration Department

P.O. Box 948
Tahlequah, OK 74465-0948
(918) 453-5000

AUTHORIZATION FOR RELEASE OF INFORMATION

I am requesting the following information be released from my file in the Cherokee Nation Registration Department.

_____ Certified Copy of Certificate of Degree of Indian Blood (8x10)

_____ Certified Copy of Birth/Death Certificate

_____ Other: _____

This form must be filled out by the appropriate person/legal guardian along with a copy of their identification. Record(s) requested are for:

Print Complete Name: _____
(First) (Middle) (Maiden) (Last)

Date of Birth: _____

Mailing Address: _____
Address City State Zip

Purpose of Request: _____

Signature: _____ Date: _____
(Self, Legal Parent/Guardian or Representative)

Statements or entries generally. Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both. June 25, 1948, c 645, 62 Stat. 749.