

Applicant's Full Legal Name:		Applicant's Address (including zip code)		
		Physical:		
Applicant's Maiden Name (when applicable):		Mailing:		
<p>Applicant's Date of Birth:</p> <p>Applicant's Place of Birth:</p> <p>Is Applicant Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are Applicant's Parents Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, list natural (birth) parents If known:</p> <p>Instructions: Trace back ONLY through the ancestor with the Dawes roll number.</p> <p>Applications submitted without a Dawes roll number will be returned.</p> <p>Include applicant's original, state certified birth certificate. If no one in the family has applied, please return with original, state certified birth and death certificates linking the applicant to the Dawes enrollee.</p> <p>If an immediate family member has already applied or received a card, please list their name and date of birth below:</p> <p>PROCESSING TIMES VARY</p>	<p>Father's Name:</p> <p>Roll No:</p> <p>DOB:</p> <p>Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No Year:</p>	<p>Paternal Grandfather's Name:</p> <p>Roll No:</p> <p>DOB:</p> <p>Deceased?/Year:</p>	<p>Paternal Great Grandfather's Name:</p> <p>Roll No:</p> <p>DOB: Deceased?/Year:</p> <p>Paternal Great Grandmother's Name:</p> <p>Roll No:</p> <p>DOB: Deceased?/Year:</p>	Date Applicant's signature (Under age 18, parent or legal guardian signature)
	<p>Mother's Name:</p> <p>Roll No:</p> <p>DOB:</p> <p>Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No Year:</p>	<p>Maternal Grandfather's Name:</p> <p>Roll No:</p> <p>DOB:</p> <p>Deceased?/Year:</p>	<p>Maternal Great Grandfather's Name:</p> <p>Roll No:</p> <p>DOB: Deceased?/Year:</p> <p>Maternal Great Grandmother's Name:</p> <p>Roll No:</p> <p>DOB: Deceased?/Year:</p>	
	<p>Paternal Grandmother's Name:</p> <p>Roll No:</p> <p>DOB:</p> <p>Deceased?/Year:</p>	<p>Paternal Great Grandfather's Name:</p> <p>Roll No:</p> <p>DOB: Deceased?/Year:</p> <p>Paternal Great Grandmother's Name:</p> <p>Roll No:</p> <p>DOB: Deceased?/Year:</p>		
	<p>Maternal Grandmother's Name:</p> <p>Roll No:</p> <p>DOB:</p> <p>Deceased?/Year:</p>	<p>Maternal Great Grandfather's Name:</p> <p>Roll No:</p> <p>DOB: Deceased?/Year:</p> <p>Maternal Great Grandmother's Name:</p> <p>Roll No:</p> <p>DOB: Deceased?/Year:</p>		
	<p>Paternal Grandfather's Name:</p> <p>Roll No:</p> <p>DOB:</p> <p>Deceased?/Year:</p>	<p>Paternal Great Grandfather's Name:</p> <p>Roll No:</p> <p>DOB: Deceased?/Year:</p> <p>Paternal Great Grandmother's Name:</p> <p>Roll No:</p> <p>DOB: Deceased?/Year:</p>		
	<p>Maternal Grandfather's Name:</p> <p>Roll No:</p> <p>DOB:</p> <p>Deceased?/Year:</p>	<p>Maternal Great Grandfather's Name:</p> <p>Roll No:</p> <p>DOB: Deceased?/Year:</p> <p>Maternal Great Grandmother's Name:</p> <p>Roll No:</p> <p>DOB: Deceased?/Year:</p>		
I certify that the information which I have provided with this request to Cherokee Nation is true and correct.				Revised 09/22/2017

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