



CHEROKEE NATION Tribal Registration

P.O. Box 948
Tahlequah, OK 74465-0948

Phone: (918) 458-6980
Email: registration@cherokee.org
Web: www.cherokee.org

INFORMATION:

To be eligible for Tribal Citizenship with the Cherokee Nation, you must be able to provide documents that connect you to an enrolled lineal ancestor, who is listed on the "DAWES ROLL" FINAL ROLLS OF CITIZENS AND FREEDMEN OF THE FIVE CIVILIZED TRIBES". This roll was taken between 1899-1906 of Citizens and Freedmen residing in Indian Territory (now NE Oklahoma).

Many applicants do not qualify for CDIB/Tribal Citizenship as their ancestors did not meet the enrollment requirements and were not enrolled. Certain requirements had to be met in order to be placed on the Dawes Roll. One example is the enrollee had to establish their permanent residence in NE Oklahoma before 1889 to meet the residential requirement.

CDIB/Tribal Citizenship are issued through the natural parents. In adoption cases, CDIB/Tribal Citizenship must be proven through the BIOLOGICAL PARENT to the enrolled ancestor. A copy of the Final Decree of Adoption [will list the biological Indian parent(s)] and a State Certified Birth Record [will list the adopting parents] must accompany the application. All information will remain confidential.

INSTRUCTIONS:

1. Complete the application in black/blue ink listing the closest lineal ancestor with a CDIB/Tribal Citizenship number. If the applicant is a minor, the parent or legal guardian must sign the application.
2. Legal documents (signed by a judge) will need to be submitted with the application if the applicant is legally represented, such as court appointed guardian or under court ordered custody, such as divorce custody.
3. Please include names (if known) of other family members who have received their CDIB/Tribal Citizenship cards recently. This reference maybe helpful when processing your application.
4. Attach the ORIGINAL FULL IMAGE STATE CERTIFIED BIRTH RECORD of the applicant and a copy of an immediate family member's CDIB/Tribal Citizenship card.
5. If no one in the family has received CDIB/Tribal Citizenship, attach ORIGINAL STATE CERTIFIED DOCUMENTS (BIRTH/DEATH) CERTIFICATES beginning with the applicant back to the enrollee. **NOTE: A Dawes Roll # must be listed.**
6. Birth/Death records must be signed by the State Registrar, bear the State Seal and have a State File Number. Please note that some States only issue a computer-generated record and a sworn statement affidavit may need to be signed by the Indian parent. We cannot accept hospital, county/city certified or abstracts records. Originals can be brought in and a copy will be made for files (we do not keep the originals). **NOTE: Family records such as a bible, affidavit, pictures, DNA results/samples, genealogy research paperwork, etc. cannot be used in lieu of a Birth/Death Certificate.**
7. If your enrollee ancestor DIED after 1962, submit the ORIGINAL STATE CERTIFIED DEATH CERTIFICATE. This is needed to assist us in our review.
8. Mail completed application(s) and original document(s) to the address listed above.
9. Should further information be needed to complete the application(s), we will contact you for specific documents.
10. Should we be unable to issue you a CDIB/Tribal Citizenship, a letter of explanation will be sent to you by restricted/certified mail. An Appeals Process will accompany the letter, should you not agree with our findings/decision.

11. PROCESSING TIME VARIES

RESEARCH REFERRAL

If you need help with your research, please contact the Genealogy office at the Cherokee Heritage Center at (918) 456-6007 or at the following link: <http://www.cherokeeheritage.org>. **NOTE: Genealogist assisted research is a fee-based service and they do not offer any research assistance by phone because of high demand.**

Also, you may visit the following website: <http://guides.tulsalibrary.org/genealogy>

You can access the "DAWES ROLLS" at: www.accessgenealogy.com/native/finalroll.php or www.okhistory.org/research/dawes

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**BUREAU OF INDIAN AFFAIRS
 REQUEST FOR CERTIFICATE OF DEGREE OF INDIAN OR ALASKA NATIVE BLOOD**

Requester's Name (list all names by which Requester is or has been known):		Requester's Address (including zip code):		Date Received by Bureau of Indian Affairs:
Requester's Date of Birth:	Father's name:	Paternal Grandfather's Name:	Paternal Great Grandfather's Name:	Tribe: Roll No: DOB: Deceased/Year ____
Requester's Place of Birth:	Tribe:	Tribe: Roll No: DOB: Deceased/Year ____	Paternal Great Grandmother's Name:	Tribe: Roll No: DOB: Deceased/Year ____
Is Requester Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Roll No.:	Paternal Grandmother's Name:	Paternal Great Grandfather's Name:	Tribe: Roll No: DOB: Deceased/Year ____
Are Requester's Parents Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	DOB:	Tribe: Roll No: DOB: Deceased/Year ____	Paternal Great Grandmother's Name:	Tribe: Roll No: DOB: Deceased/Year ____
If Yes, list natural (birth) parents: (If known)	Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No Year ____	Maternal Grandfather's Name:	Maternal Great Grandfather's Name:	Tribe: Roll No: DOB: Deceased/Year ____
Tribe(s) with which Requester is enrolled:	Mother's Name:	Tribe: Roll No: DOB: Deceased/Year ____	Maternal Great Grandmother's Name:	Tribe: Roll No: DOB: Deceased/Year ____
Roll Nos:	Tribe:	Maternal Grandmother's Name:	Maternal Great Grandfather's Name:	Tribe: Roll No: DOB: Deceased/Year ____
	Roll No.:	Tribe: Roll No: DOB: Deceased/Year ____	Maternal Great Grandmother's Name:	Tribe: Roll No: DOB: Deceased/Year ____
	DOB:			
	Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No Year ____			

SUBMIT TO: BIA AGENCY FROM WHOM YOU RECEIVE SERVICES

All BIA Agency Offices are listed in the [Tribal Leaders Directory](#).

**If you need help with locating the BIA AGENCY FROM WHOM YOU RECEIVE SERVICES,
 please contact the Office of Indian Services at 202-513-7640.**

NOTICES AND CERTIFICATION

NOTICE OF APPEAL RIGHTS.

- When you receive your CDIB, you must review it for the correct name spelling, birth dates, and blood degrees. If you believe that there are any mistakes on the CDIB, you must give a written request for corrections and provide supporting documentation to the issuing officer within 45 days (60 for Alaska tribes) of the date on the letter. If you fail to meet this deadline, appeal rights will be lost. If the issuing officer decides that corrections are not needed, he or she will send a written determination with an explanation through certified mail to you and provide you with a copy of the appeals procedures.
- If you are denied a CDIB, you will be given a written determination with an explanation for the denial and a copy of the appeal procedures.

PAPERWORK REDUCTION ACT STATEMENT

The information collection requirement contained in 25 CFR § 70.11 and this request have been approved by the Office of Management and Budget under the Paperwork Reduction Act of 1995, 44 U.S.C. 3507(d), and assigned clearance number 1076-0153. The agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Information is collected when individuals seek certification that they possess sufficient Indian blood to receive Federal program services based upon their status as American Indians or Alaska Natives. The information collected will be used to assist in determining eligibility of the individual to receive Federal program services. The information is supplied by a respondent to obtain a Certificate of Degree of Indian or Alaska Native Blood. It is estimated that responding to the request will take an average of 1.5 hours to complete. This includes the amount of time it takes to gather the information and fill out the form. If you wish to make comments on the burden imposed by the form, please send them to the Information Collection Clearance Officer, Office of the Assistant Secretary - Indian Affairs, 1849 C Street, NW, Washington, DC 20240. **DO NOT SUBMIT YOUR CDIB REQUEST TO THIS ADDRESS**; you should instead submit your CDIB request to the BIA Agency from whom you receive services. Note: comments, names and addresses of commentators are available for public review during regular business hours. If you wish us to withhold this information, you must state this prominently at the beginning of your comment. We will honor your request to the extent allowable by law. In compliance with the Paperwork Reduction Act of 1995, as amended, the collection has been reviewed by the Office of Management and Budget, and assigned a number and expiration date. The number and expiration date are at the top right corner of the form.

PRIVACY ACT STATEMENT.

This information is collected pursuant to the Privacy Act, 5 U.S.C. 552a. Pursuant to system of record notice, Tribal Rolls, Interior, BIA-7 (42 FR 19038), the Bureau of Indian Affairs will not disclose any record containing such information without the written consent of the respondent unless the requestor uses the information to perform assigned duties. The primary use of this information is to certify that an individual possesses Indian blood to receive Federal program services. Examples of others who may request the information are U.S. Department of Justice or in a proceeding before a court or adjudicative body; Federal, state, local, or foreign law enforcement agency; Members of Congress; Department of Treasury to effect payment; a Federal agency for collecting a debt; and other Federal agencies to detect and eliminate fraud.

NOTICE OF EFFECTS OF NON-DISCLOSURE.

Disclosure of the information on this CDIB request is voluntary. However, proof of Indian blood is required to receive Federal program services.

NOTICE OF STATEMENTS AND SUBMISSIONS.

Falsification or misrepresentation of information provided on this request is punishable under Federal Law, 18 U.S.C. 1001. Conviction may result in a fine and/or imprisonment of not more than 5 years.

I request a CDIB, and certify that I have read the instructions, and above notices about my request for a CDIB. I further certify that the information which I have provided with this request to the Bureau of Indian Affairs is true and correct.

(Requester's signature)

(date)

SUBMIT TO: BIA AGENCY FROM WHOM YOU RECEIVE SERVICES

