

CHEROKEE NATION Registration Department

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

AUTHORIZATION FOR RELEASE OF INFORMATION

This form must be filled out by the person the record pertains to and be submitted with a copy of their signature identification. If the record pertains to someone under the age of 18, only the parent or legal guardian can request the record. Legal guardians will need to submit a copy of the Court Order signed by a judge showing they have custody of the child.

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

Department.				
Certified Copy	of Certificate of	f Degree of India	an Blood (8x10)	
Certified Copy	of Birth Certific	cate		
Other:				
Other:				
Print Complete Name:_				
	(First)	(Middle)	(Maiden)	(Last)
Date of Birth:				
Physical Address:				
	ddress	City	State	Zip
Mailing Address:				
	ddress	City	State	Zip
If the applicar	nt is under the a	age of 18, is he	or she under Cour	rt Ordered custody?
YES: NO:	If`	YES, custody/legal	documents will need to	be submitted with this form.
	Date:			

1001. 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 any 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.

REG FORM C9 {3/91 REV. 08/30/17}