

CHEROKEE NATION

Registration Department

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

SWORN STATEMENT AFFIDAVIT - FATHER

(Please print as listed on Birth Certificate)

Applicant's Name:					
	First Name	Middle Name	Last Na	Last Name	
Applicant's Date of Birth:	A	Applicant's State of I	Birth:		
NOTE: If applicable, list rea	First Name	Middle Name	Maiden Name	ffidavit. Married Name	
Reason:					
Biological Father's Name: Reason:	First Nar	ne Mi	iddle Name	Last Name	
	(Signature of Biological Fat		ture of Biological Father)		
		(10.00			
	(To be complet	ed by Notary Public)			
Subscribed and sworn to befo	re me this	day of	20)	
Notary Signature		My Co	My Commission Expires		
		(Seal)			

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.