



**CHEROKEE NATION
TRIBAL REGISTRATION
P.O. BOX 948
TAHLEQUAH, OK 74465**

Phone: (918) 458-6980 Fax: (918) 458-7617
Email: registration@cherokee.org
Web: www.cherokee.org

DATE: _____

TRIBAL REGISTRATION REQUEST FORM

ADULTS: MUST SIGN OWN FORM IN "INK" AND PROVIDE A COPY OF SIGNATURE ID REQUIRED

MINORS: PARENT/AUTHORIZED AGENT/CUSTODIAL PARENT MAY REQUEST. SIGNATURE ID REQUIRED

- | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ADDRESS
CHANGE | AMENDMENT | DUP
CDIB | DUP
CITIZ | IND
PREF
LTR | MARRIAGE
NAME CHG | RELINQUISHMENT | OTHER |

LEGAL NAME: _____ FIRST _____ MIDDLE _____ MAIDEN _____ LAST _____

DATE OF BIRTH _____ CITIZENSHIP NUMBER _____ TELEPHONE NUMBER _____ SOCIAL SECURITY _____

PHYSICAL ADDRESS: _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

MAILING ADDRESS: _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS: _____

NAME CHANGE: _____ WAS _____ NOW _____

IMPORTANT:

If the applicant is under 18, is he/she listed on any Court appointed record, such as guardianship, divorce custody, etc.?

YES: _____ NO: _____ If YES, custody/legal documents will need to be submitted with this form.

SIGNATURE OF PERSON REQUESTING

PERSON HIMSELF/HERSELF
 PERSON MAKING REQUEST: _____
 AUTHORIZED AGENT (Relationship)

Explain how to amend your CDIB here (if applicable): _____