

8. Does the applicant have a "Standard" or a "Delayed" **STATE CERTIFIED, FULL IMAGE/PHOTOCOPY OF BIRTH RECORD?** Submit with application. **NO XEROX COPIES.**

9. Do the applicant's parents have CDIB's? YES of NO. If Yes, submit a copy of the CDIB card. If NO, submit "Standard" or "Delayed" **STATE CERTIFIED, FULL IMAGE/PHOTOCOPY OF BIRTH RECORD. NO XEROX COPIES.**

10 Please provide the names of other family members who are tracing back to the same ancestor(s) (such as brothers or sisters). **THIS REFERENCE CAN BE HELPFUL IF THE CDIB WAS ISSUED WITHIN THE PAST FIVE (5) YEARS.** Give name and date CDIB was issued **OR** provide a copy of the CDIB.

11. Is applicant adopted? YES NO If so, submit adoption papers. Without these, application will be returned

ALL INFORMATION WILL REMAIN CONFIDENTIAL

12. Is applicant under Divorce ordered custody, or any other court order? If so, submit legal papers, Without these, application will be returned.

YES or NO

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 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 that \$10,000 or imprisoned not more than five years, or both. June 25, 1948, c 645, 62 Stat. 749

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, AUTHORIZE THE RELEASE OF INFORMATION REQUESTED BY THE REGISTRATION DEPARTMENT OF THE CHEROKEE NATION. THE REQUESTED INFORMATION SHALL BE USED SOLELY IN THE ADMINISTRATION OF REGISTRATION RELATED PROGRAMS. COLLATERALS THAT MAYT BE CONTACTED INCLUDE, BUT ARE NOT LIMITED TO: PROGRAMS AND SERVICES OF THE CHEROKEE NATION, BUREAU OF INDIAN AFFAIRS, INDIAN HEALTH SERVICE, SCHOOL AUTHORITIES, LOCAL, STATE, AND FEDERAL AGENCIES, AND PRIVATE INDIVIDUALS.

Signature of person making this application

Witness if signed with an "X"

The above signature is by:

Person himself/herself
 Next-of-kin

(Relationship)

DATE OF THIS APPLICATION

Authorized Agent

PLEASE NOTE: APPLICATION PROCESSING TIME MAY VARY