

Instructions for Kaw Nation Enrollment Application

1. Application must be filled out completely. If a question does not apply to you, write not applicable. If you do not know the answer to a question, state unknown or I do not know. Do not leave any questions blank unless instructed to do so. Please fill out in blue or black ink.
2. **You must provide the following items with the completed application**
 - a. **Original (State) Birth Certificate (a copy is not sufficient). *If the parent who is enrolled with the Kaw Nation is not listed on the birth certificate, a certified copy of a Court Order establishing paternity will need to be submitted and genetic test results, if genetic testing was performed.***
 - b. **A copy of the Applicant's social security card.**
 - c. **A copy of the Applicant's Driver's License or State ID if the applicant is 16 years of age or older.**
 - d. **If the applicant is adopted or had a name change, a certified copy of the court order will also need to be provided.**
3. For full name of Applicant, write the first, middle and last names of the applicant.
4. State the complete physical (911 responder) address of the applicant.
5. State the mailing address if it is different from the physical address, otherwise applicant may write same for all blanks.
6. State the date of birth of the applicant, in the following format: XX/XX/XXXX. For example: 01/01/2012.
7. Check whether the applicant is male or female. Mark only one box.
8. State the full social security number for the applicant.
9. State the Place of birth, including City, County, and State.
10. State a telephone number where the applicant can be reached.
11. State an e-mail address for the applicant, if any. If no e-mail address exists, write not applicable or none.
12. **State the name of the Kaw Allottee on the 1902 Base Roll which the applicant claims as their ancestor.** If the ancestor's name is unknown, state unknown.
13. State the allottee number of the ancestor on the 1902 Base roll, if unknown, state unknown.
14. Check yes or no as to whether applicant possesses Indian Blood of another Tribe(s).
15. If applicant marked no, skip questions #4-8 and instructions #17-21.
16. If applicant marked yes, answer questions #4-8.
17. Check yes or no as to whether applicant is an enrolled member of another Tribe.
18. Provide the name of the Tribe of which applicant is an enrolled member.
19. Check yes or no as to whether applicant has ever been an enrolled member of a Tribe and state what Tribe and when applicant was an enrolled member.
20. Check yes or no if applicant received benefits in land or money by virtue of being an enrolled member now or previously with a Tribe.
21. State the date the application is signed.
22. Print the name of the signer.
23. If applicant is 18 years of age or older, applicant must sign the enrollment application unless the applicant has a guardian.
24. If applicant is less than 18 years of age or older or a court order establishing a guardian/custodian of the person is in effect, the parent or guardian may sign the applicant. **A certified copy of the court order must accompany the application if the person signing the application is not the applicant or a biological parent.**
25. A completed generation family chart must accompany an application in order for the application to be complete.
26. Applicant must complete the generation chart back to the ancestor on the 1902 base roll. Attach additional charts as necessary and fill in the chart number. Identify what number on chart 1 is the same as number 1 on chart 2.
27. Write the full name of applicant on each generation chart.
28. Applicant should fill in all information requested. If the information is unknown, applicant should state unknown or mark a line through the blank.

KAW NATION
APPLICATION FOR ENROLLMENT
APPLICATION MUST BE FILLED OUT COMPLETELY PER INSTRUCTIONS!

Full name of Applicant: _____

Address: _____

(City) (County) (State) (Zip)

Date of Birth: _____ Male [] Female []

Social Security No. _____ Place of Birth _____

Telephone: (____) _____ - _____ (City) (County) (State)

Are you an adopted child: Yes [] No [] E-mail: _____

**ORIGINAL(STATE) BIRTH CERTIFICATE AND COPY OF SOCIAL SECURITY CARD
AND COPY OF DRIVER'S LICENSE OR STATE ID IF APPLICANT IS 16 YEARS OF AGE OR OLDER
MUST BE SUBMITTED WITH THIS APPLICATION**

1. **Identify the Kaw Allottee on the 1902 Base Roll which you claim is your ancestor:**

2. Allottee(s) # _____
3. Do you possess Indian blood of another Federally Recognized Indian Tribe?
Yes [] No [] **If no, skip questions 4-8. If yes, proceed to #4.**
4. Name of the other Tribe(s): _____
5. Are you an enrolled member of a Federally Recognized Indian Tribe? Yes [] No []
6. Name of the Tribe you are an enrolled member of: _____
7. Have you ever been an enrolled member of a Federally Recognized Indian Tribe?
Yes [] No [] If so, what Tribe and when? _____
8. If you are/were an enrolled member of a Federally Recognized Tribe, have you received benefits in land or money by virtue of such enrollment? Yes [] No []

By signing, applicant certifies that all information is true and correct to the best of their knowledge.

Date Signed: _____

Signature of Adult Applicant or
Signature of Parent/Guardian if applicant
is under 18 years of age

Printed Name of Signer

FIVE GENERATION FAMILY CHART

**PLEASE PRINT.
YOU MUST GO BACK TO THE ANCESTOR ON THE
1902 BASE ROLL. FILL IN BOTH SIDES OF FAMILY.
ADD ADDITIONAL CHARTS AS NEEDED.**

1 (Applicant Name) b. w. m. w. d. w.	2 Father b. w. m. w. d. w.	3 Mother b. w. d. w.	(spouse) b. w.
	4 Grandfather b. w. m. w. d. w.	5 Grandmother b. w. d. w.	
	6 Grandfather b. w. m. w. d. w.	7 Grandmother b. w. d. w.	
	8 Great Grandfather b. m. d.	9 Great Grandmother b. d. m.	10 Great Grandfather b. m. d.
	11 Great Grandmother b. d.	12 Great Grandfather b. m. d.	13 Great Grandmother b. d.
	14 Great Grandfather b. m. d.	15 Great Grandmother b. d.	
	16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		

b = date of birth
 w = where/location of birth
 m = date of marriage
 w = where/location of marriage
 d = date of death
 w = where/location of death

NAME OF APPLICANT _____