



APPLICATION FOR ENROLLMENT WITH THE PONCA NATION OF
OKLAHOMA

ATTACH COPY OF CERTIFIED BIRTH CERTIFICATE FOR ALL
APPLICATIONS

Name: _____ Date of Birth _____

Social Security Number Street Address/P.O. Box City State Zip

Indian, Maiden or other Names by which you are known: _____

Degree of Indian Blood Claimed: _____

(if known) PONCA OTHER TOTAL

Is Applicant Enrolled with another Tribe? Yes _____ No _____

TRIBE

Is Applicant Adopted? Yes _____ No _____

Is the Applicant a direct lineal descendant of a member of a Tribe?

Yes _____ No _____ Tribe: _____

Name of Father: _____ Name of Mother: _____

Father's Degree: _____ Tribe: _____ Mother's Degree: _____ Tribe: _____

Is he enrolled with another Tribe? _____ Is she enrolled with another Tribe? _____

If yes, name Tribe: _____ If yes, name Tribe: _____

Applicant, Please list name of Ancestor and Relationship on roll (if known) _____

Applicant do you have Brothers or sisters enrolled with the Ponca Nation? If yes, Please list: _____

*****CERTIFICATION*****

I hereby certify that _____ for whom this application is being made is a direct descendant by blood of a member of the Ponca Nation of Oklahoma.

Date

Signature of Applicant/Parent/Guardian