



Revised June 2010

COMANCHE NATION – ENROLLMENT DEPARTMENT

P.O. BOX 908 LAWTON, OK 73502 PHONE 580-492-3371 FAX 580-492-6389

ENROLLMENT APPLICATION

Prior to returning this Enrollment Packet to the Enrollment Department, these procedures are to be completed

- 1. Complete the **TRIBAL ENROLLMENT APPLICATION**. When filling out the enrollment application, be sure to fill out every line and question. Print clearly in **BLACK** or **BLUE** ink, *only*. Please make sure the application is signed, dated and completed. We do not accept incomplete applications, it will be returned to you.
- 2. If the name on the application differs from the **BIRTH NAME**, please provide documentation of name change with the application i.e. Marriage License, Divorce Decree or Adoption Papers.
- 3. Complete the **FAMILY TREE** form. This information pertains to the applicant's genealogy on both sides of his/her family.
- 4. Complete the **MEMBERSHIP RECORD** form. This information pertains to the applicant, his/her parents' names, dates of birth, and his/her siblings.
- 5. Submit an **ORIGINAL STATE CERTIFIED BIRTH CERTIFICATE**. Hospital, county, city, commonwealth, and parish birth certificates will not be accepted. The birth certificate must show the full name of the parent(s) through whom eligibility is claimed. If the parent, with whom eligibility is claimed, is not listed on the birth certificate please include any DNA results, paternity tests, paternity affidavits or adoption papers. If the next enrolled family member is a grandparent, great-grandparent, etc. We will need a copy of the family member's birth certificate to link the applicant to that person.
- 6. Submit a **COPY** of the applicant's **SOCIAL SECURITY CARD**.
- 7. **ADDRESS**: List the address where the applicant's mail is actually received. This address will not be changed unless so advised by the applicant or, if a minor, by the applicant's parent, guardian or sponsor. Address changes must be in writing and turned into the Department of Enrollment.
- 8. If the applicant is adopted, please submit the **FINAL DECREE OF ADOPTION** when applying. Applicant's who are adopted must otherwise qualify for enrollment pursuant to the Comanche Nation's Constitutional membership requirements through natural parentage and not through adoptive parentage.
- 9. **POSSESSION OF INDIAN BLOOD**: If the applicant possesses blood of any other **Federally Recognized Tribe**, please be sure to list **ALL** tribes on the application. We do **NOT** allow dual enrollment and a verification must be sent to the other tribes to ensure they are **NOT** enrolled elsewhere. If you do not list the other tribes it can slow the application process.
- 10. **Please be informed**: If the applicant is a member of another tribe, and is between his/her 18th-19th Birthday, a **CONDITIONAL RELINQUISHMENT** form must be submitted from that tribe.

PLEASE BE CERTAIN all documents have been completed and signed **BEFORE** you submit them to the Enrollment Department.

APPLICATION WILL BE RETURNED TO YOU IF IT IS INCOMPLETE!

Completed Applications should be mailed to:
COMANCHE NATION
Enrollment Department
P.O. BOX 908
LAWTON, OK 73502

*All information submitted to the Enrollment Department is **CONFIDENTIAL**. No information will be given to anyone other than the applicant unless proper documentation is provided.*