



COMANCHE NATION – OFFICE OF ENROLLMENT

APPLICATION FOR ENROLLMENT

This application may be mailed or delivered to the Comanche Nation Enrollment Office at the following address:

COMANCHE NATION-ENROLLMENT
P.O. BOX 908
LAWTON, OK 73502

APPLICANT'S FULL NAME: _____

MAIDEN, INDIAN, OR OTHER NAME BY WHICH KNOWN: _____

SOC. SEC. # _____ DATE OF BIRTH: _____ GENDER: MALE FEMALE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____

HOME PHONE: _____ CELL PHONE: _____

ALL QUESTIONS MUST BE ANSWERED OR YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE.

IS APPLICANT ADOPTED? YES NO If YES, please submit the Final Decree of Adoption.

Has the applicant's Birth Certificate been amended? YES NO If YES, please provide documentation.

YES NO has the applicant ever been enrolled or are they enrolled with another tribe? If YES, what tribe? _____

YES NO Has the applicant ever relinquished their rights with another tribe? If YES, what tribe and when? _____

YES NO Has the applicant received benefits in land or money by virtue from another tribe?

YES NO Does the applicant possess blood of any other federally recognized tribe? If YES, what tribe(s)? _____

YES NO Has the applicant ever applied for membership with the Comanche Nation? If YES, when? _____

YES NO Is the applicant between his/her 18-19th birthday?

PERSON COMPLETING THE APPLICATION (If the applicant is a minor, it must be signed by the applicant's legal guardian or custodial parent)

CERTIFICATION:

I hereby certify that the information provided on this membership application is true and accurate. I further understand that providing false information to deliberately obtain tribal membership can and will result in immediate rejection of application, and immediate removal from tribal membership (if enrolled).

PRINTED NAME: _____ RELATIONSHIP TO APPLICANT: _____

SIGNATURE: _____ DATE: _____

OVER





COMANCHE NATION – OFFICE OF ENROLLMENT

MEMBERSHIP RECORD

Applicant's Name: _____ D.O.B: _____ SS# _____

APPLICANT'S MOTHER

MOTHER'S NAME: _____ DATE OF BIRTH: _____

ENROLLED WITH COMANCHE NATION? YES NO ROLL # _____ DEGREE OF BLOOD _____

ENROLLED IN OR POSSESS BLOOD OF A TRIBE OTHER THAN COMANCHE NATION? YES NO NON-INDIAN

NAME OF OTHER TRIBE _____ DEGREE OF BLOOD _____

APPLICANT'S FATHER

FATHER'S NAME: _____ DATE OF BIRTH: _____

ENROLLED WITH COMANCHE NATION? YES NO ROLL # _____ DEGREE OF BLOOD _____

ENROLLED IN OR POSSESS BLOOD OF A TRIBE OTHER THAN COMANCHE NATION? YES NO NON-INDIAN

NAME OF OTHER TRIBE _____ DEGREE OF BLOOD _____

Please list the applicant's siblings and/or children (This information is optional but it may assist us in the enrollment process)

Sibling(s)

NAME	D.O.B	ROLL #	RELATIONSHIP TO APPLICANT

Children

NAME	D.O.B	ROLL #	RELATIONSHIP TO APPLICANT

MILITARY SERVICE RECORD

DID YOU SERVE IN THE UNITED STATES MILITARY? YES NO N/A

ACTIVE DUTY/RESERVE/NATIONAL GUARD: _____

BRANCH: _____

DATE ENTERED: _____

DATE DISCHARGED: _____