

Certificate of Degree of Indian Blood (CDIB) Request Form

Dear STUDENT:

To complete your CDIB requirement, please fill out this form AND provide a copy of your CDIB card. Please fill out to the best of your knowledge, sign, and send form to:

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

OR

You may submit your form to our office and we will forward this form to the Office of Enrollment.

The Comanche Nation Office of Higher Education is requesting a CDIB for all students applying for scholarships.
The following information is herewith submitted:

NAME: _____ ROLL #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DOB: _____ SSN: _____

SPOUSE'S NAME: _____ ROLL: _____

FATHER'S NAME: _____ ROLL: _____

MOTHER'S NAME: _____ ROLL: _____

MOTHER'S MAIDEN NAME: _____

SIGNATURE: _____ DATE: _____

FOR ENROLLMENT OFFICE USE ONLY:

Please sign to verify the information provided is true and correct. Thank you.

SIGNATURE: _____ DATE: _____