

IOWA TRIBE OF OKLAHOMA

Membership Enrollment

The Iowa Tribe of Oklahoma Enrollment Division maintains all records and files of past and present tribal rolls and genealogy. Applications are processed by the Enrollment Department then forwarded to the Business Committee for final review and enrollment decision. To be eligible for enrollment in the Iowa Tribe of Oklahoma, one must have a parent on the roll **and** have at least 1/16th Iowa blood quantum. The Iowa Tribe of Oklahoma does not allow dual enrollment with other tribes.

To contact the Enrollment Division, please call (405) 547-2402, Ext. 2009, during regular business hours.

Application and Required Documents

Please submit each of the required documents listed below **via US Mail** to be considered for tribal membership:

- Completed **Application for Enrollment**. Print clearly and complete each question to the line provided. Please sign and date completed application.
- Family Tree**, completed to the best of your knowledge. Please complete genealogy on both sides of his/her family. List All Federally Recognized Tribes on the family tree and enrollment application.
- Applicant's **Original State-Issued Birth Certificate**. This must be an official, certified birth certificate that the Enrollment Department is required to keep on file, so it will not be returned to you.
- A copy of the Applicant's **Social Security card**. Does not need to be the original card; a photocopy will suffice.
- Completed and signed **Consent for Release of Information** form.
- Legal documents** must be provided if the applicant's name has been changed and is different from that listed on the birth certificate or legal guardian documentation.
- The Iowa Tribe of Oklahoma does not allow dual enrollment with other tribes. If the applicant is a member of another tribe, that membership must be officially relinquished, and **documentation of the relinquishment** provided before being considered for membership with the Iowa Tribe of Oklahoma.

Once you have obtained and completed the above-listed documents, **please submit via US Mail** to the following address:

**Iowa Tribe of Oklahoma
Attn: Tribal Enrollment
335588 E. 750 Road
Perkins, OK 74059**

APPLICATIONS WILL BE RETURNED TO YOU IF INCOMPLETE!

**CONSTITUTION AND BYLAWS
OF THE
IOWA TRIBE OF OKLAHOMA
(As Amended to August 21, 2008)**

PREAMBLE

We, the members of the Iowa Tribe of Oklahoma, in order to promote our common welfare and to secure to ourselves and our descendants, the rights, powers and privileges offered recognized by the Thomas-Rogers Oklahoma Indian Welfare Act, approved June 26, 1936 (49 Stat. 1967), do establish this organization and adopt this Constitution and By-laws pursuant to that Act. (This document supersedes the original Constitution and Bylaws and its amendments, which document was initially approved by Assistant Secretary of the Interior, Oscar L. Chapman on September 22, 1937, and ratified by the Tribe on October 23, 1937.) Any ordinances or resolutions enacted under that prior governing documents shall continue in effect to the extent they are not in conflict with this Constitution and Bylaws.

ARTICLE I - NAME

The name of this organization shall be the Iowa Tribe of Oklahoma. The seat of Government shall be at the Tribal Administrative Office.

ARTICLE II - MEMBERSHIP OF TRIBE

Section 1. Membership. The membership of the Iowa Tribe of Oklahoma shall consist of the following persons who have not elected to be enrolled with another Tribe or have not received a share of land or money by virtue of having been enrolled as a member of another Tribe.

- (a) All living persons whose names appear on the approved membership roll of the Iowa Tribe of Oklahoma dated March 24, 1975.
- (b) All direct lineal descendants of the Iowa Tribe of Oklahoma allottees who possess one-sixteenth (1/16) or more degree of Iowa Tribe of Oklahoma Indian blood, who have one parent who is a recognized member of the Iowa Tribe of Oklahoma and who apply for membership after the effective date of this amendment.

Section 2. Business Committee Power. The Business Committee shall have the power to make rules and regulations subject to approval of the Secretary of the Interior, governing the adoption of members not otherwise provided for in the Constitution and Bylaws and governing future membership and loss of membership.

Received By: _____

Date Received _____

IOWA TRIBE OF OKLAHOMA Application for Enrollment

All questions must be answered in order to process the application for enrollment
PLEASE PRINT

ORIGINAL CERTIFIED BIRTH CERTIFICATE MUST BE SUBMITTED WITH APPLICATION WILL NOT BE RETURNED

Name: _____ () _____
Current Last Name First Name Middle Name Phone Number

Mailing Address: _____
Street City State Zip

Birth Date: _____ Birth Place: _____ Social Security # _____

Applicant's Degree of Blood Claimed

Applicant must have 1/16th or more Iowa Indian Blood

Iowa Tribe: _____ Other: _____ Total Degree of Indian Blood: _____
Give Degree Give Degree and Tribe

Is either parent enrolled as a member of another tribe? _____ Yes _____ No If Yes, which tribe? _____
Is applicant a direct lineal descendent of a member of this tribe? _____ Yes _____ No
Is applicant enrolled with another tribe? _____ Yes _____ No If Yes, which tribe? _____
Is applicant an adopted child _____ Yes _____ No If Yes, attach certified copy of Court Decree
Has applicant received a payment or any other benefits as an enrolled member of another Tribe? _____ Yes _____ No
If answered yes, please specify _____

Parent on roll of the Iowa Tribe of Oklahoma through the whom enrollment rights are claimed

Name: _____ Roll # _____ Relationship: _____

Original Allottee of the Iowa Tribe of Oklahoma through whom enrollment rights are claimed

Name: _____ Roll # _____ Relationship: _____

Constitution and Bylaws of the Iowa Tribe of Oklahoma

Section I. The membership of the Iowa Tribe of Oklahoma shall consist of the following persons who have not elected to be enrolled with another Tribe or have not received a share of land or money by virtue of having been enrolled as a member of another Tribe. All direct lineal descendants of Iowa of Oklahoma allottees who possess one-sixteenth (1/16) or more degree of Iowa of Oklahoma Indian blood, who have one parent who is a recognized member of the Iowa Tribe of Oklahoma and who apply for membership after the effective date of this amendment.

I certify that the above information is true and correct to the best of my knowledge; and grant full permission to the Iowa Tribe for the use and release of information obtained through Local, State, National, and Tribal Agencies for enrollment purposes

Signature of Applicant, Legal Parent or Guardian

Email Address

Date

FOR OFFICE USE ONLY

Approval Date: _____	_____	<u>Reason for Denial:</u>
Resolution #: _____	_____	_____ No Parent on roll
		_____ Less than 1/16 Iowa Blood
		_____ Listed on another tribal roll
_____	_____	_____
ENROLLMENT SPECIALIST		DATE

IOWA TRIBE OF OKLAHOMA

FAMILY TREE CHART

Note: Please print legibly and complete this chart as thoroughly as possible. Indicate all tribal blood and include the blood degree for each tribe to the best of your knowledge.

Applicant Name Tribe(s) & Blood Degree:	Father Tribe(s) & Blood Degree:	Grandfather Tribe(s) & Blood Degree:	Great Grandfather Tribe(s) & Blood Degree:	
		Grandmother Tribe(s) & Blood Degree:	Great Grandmother Tribe(s) & Blood Degree:	
		Grandfather Tribe(s) & Blood Degree:	Great Grandfather Tribe(s) & Blood Degree:	
		Grandmother Tribe(s) & Blood Degree:	Great Grandmother Tribe(s) & Blood Degree:	
	Mother Tribe(s) & Blood Degree:	Grandfather Tribe(s) & Blood Degree:	Great Grandfather Tribe(s) & Blood Degree:	
		Grandmother Tribe(s) & Blood Degree:	Great Grandmother Tribe(s) & Blood Degree:	
		Grandfather Tribe(s) & Blood Degree:	Great Grandfather Tribe(s) & Blood Degree:	
		Grandmother Tribe(s) & Blood Degree:	Great Grandmother Tribe(s) & Blood Degree:	



IOWA TRIBE OF OKLAHOMA Enrollment Department

Consent for Release of Information

I, _____, being of legal age of eighteen (18) years of age or older, voluntarily give my consent to release enrollment and financial records about myself and or my minor child(ren) to the Iowa Tribe of Oklahoma Enrollment Department, for the purpose of checking Dual Enrollment.

By signing below, I certify that I am the individual to whom the information or records apply. I understand that by signing this consent form, it is an unconditional release of information to be used in any manner so deemed appropriate by the Iowa Tribe of Oklahoma Enrollment Department. As such, I have agreed to hold harmless, the Iowa Tribe of Oklahoma Enrollment Department employees and Business Committee for any claims of injury that might occur as a result of the release of this information.

Signature

Date

Printed Name

Birth Date

Child's Name

Child's Birthdate

Iowa Tribe of Oklahoma
335588 E 750 Road
Perkins, OK 74059
Phone: (405) 547-2402 Ext. 2009