

**TRIBAL ENROLLMENT OFFICE  
POST OFFICE BOX 487  
BINGER, OKLAHOMA 73009  
405.656.2344**

**CENSUS/UPDATE 2023**

HEAD OF HOUSEHOLD – YES or NO (please circle)

Name \_\_\_\_\_ CDIB # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_ Birthdate \_\_\_\_\_

Are you on active duty or a veteran in the military? Yes or No (please circle)

Branch \_\_\_\_\_ Years in Service \_\_\_\_\_ Status \_\_\_\_\_

Are there any Caddo Tribal members in your household who were in the military; that are now deceased?

Name \_\_\_\_\_ Branch \_\_\_\_\_ Years In Service \_\_\_\_\_

DO YOU GIVE CONSENT FOR THE CADDO NATION ENROLLMENT OFFICE TO RELEASE THIS INFORMATION (I.E. NAME, ADDRESS, PHONE NUMBER) TO THE CADDO NATION ELECTION BOARD, CADDO NATION NEWSLETTER, & OTHER CORRESPONDENCE?

YES or NO (please circle)

IF YOU ARE A REGISTERED VOTER, THEN WOULD YOU LIKE THE CANDIDATES, AND/OR ELECTED OFFICIALS TO MAIL YOU INFORMATION? YES OR NO (please circle)

I hereby certify that the information given above is true and correct to the best of my knowledge. I further affirm that I am 18 years of age or older, and not enrolled with any other federally recognized tribe

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

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LIST EVERYONE IN HOUSEHOLD ENROLLED WITH THE  
CADDO NATION

2.Name\_\_\_\_\_ CDIB #\_\_\_\_\_  
Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_ Zipcode \_\_\_\_\_  
Email\_\_\_\_\_ Phone \_\_\_\_\_ Birthdate\_\_\_\_\_

Are you on active duty or a veteran in the military? Yes or No (please circle)

Branch\_\_\_\_\_ Years in Service \_\_\_\_\_ Status\_\_\_\_\_

Are there any Caddo Tribal members in your family who were in the military; that are now deceased?

Name\_\_\_\_\_ Branch\_\_\_\_\_ Years in Service\_\_\_\_\_

DO YOU GIVE CONSENT FOR THE CADDO NATION ENROLLMENT OFFICE TO RELEASE THIS INFORMATION (I.E. NAME, ADDRESS, PHONE NUMBER) TO THE CADDO NATION ELECTION BOARD, CADDO NATION NEWSLETTER, & OTHER CORRESPONDENCE?

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Signature\_\_\_\_\_ Date\_\_\_\_\_

Printed Name\_\_\_\_\_

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3. Name \_\_\_\_\_ CDIB # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_ Birthdate \_\_\_\_\_

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Branch \_\_\_\_\_ Years in Service \_\_\_\_\_ Status \_\_\_\_\_

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Name \_\_\_\_\_ Branch \_\_\_\_\_ Years In Service \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_  
\_\_\_\_\_

4. Name \_\_\_\_\_ CDIB # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_ Birthdate \_\_\_\_\_

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Branch \_\_\_\_\_ Years in Service \_\_\_\_\_ Status \_\_\_\_\_

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Name \_\_\_\_\_ Branch \_\_\_\_\_ Years in Service \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

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5. Name \_\_\_\_\_ CDIB # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Birthdate \_\_\_\_\_

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Branch \_\_\_\_\_ Years in Service \_\_\_\_\_ Status \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

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IF ANY ADDITIONAL SPACE IS NEEDED TO LIST NAMES CONTINUE ON THE BACK OF PAGE

LIST ANY HOUSEHOLD MEMBERS PLANNING TO ENROLL WITH THE CADDO NATION IN THE FUTURE

NAME

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_