



INSTRUCTIONS IN APPLYING FOR MEMBERSHIP WITH THE KIOWA TRIBE

Please read instructions BEFORE completing enrollment application as these procedures are to be completed. Enrollment application will not be accepted without all required documentation.

1. Complete the **MEMBERSHIP APPLICATION FOR ENROLLMENT**. Print clearly, answer every question, then sign and date the application. Applicant's age 18 and older must sign their own application. If minor, then the legal guardian/custodial parent must sign. Failure to sign and date application will result in it being returned to you.
2. Submit Applicant's **ORIGINAL STATE CERTIFIED BIRTH CERTIFICATE**. Our office must copy from the original document. If mailed in, the original will be returned to you via certified mail.
3. If you go by a different name, other than what is on your original Birth Certificate, then a copy of legal name change is required. *i.e. Marriage License, Divorce Decree, or Final Adoption Decree.*
4. In cases of **ADOPTION**, *Kiowa Blood quantum must be proven on the natural parent(s)*. A copy of Adoption Proceedings must be submitted with the application. **ORIGINAL STATE CERTIFIED BIRTH CERTIFICATES** before and after adoption are also required.
5. Submit a copy of the Applicant's **SOCIAL SECURITY CARD**.
6. Complete the **FAMILY TREE** form and submit with Enrollment Application. This information pertains to the applicant's genealogy on both sides of his/her family.
7. If parents, grandparents, great-grandparents, are not on the Kiowa Roll, it is required to submit copies of either state certified birth certificates and/or death certificates on each person that link applicant to the nearest Kiowa Allottee.
8. Copies of Court Proceedings, Probating the Estate of your deceased ancestor(s), are encouraged. Submit a copy with your application if there have been such proceedings.
9. Complete the **MEMBERSHIP** part of the application with as much accurate information as possible
10. **FOR MINORS ONLY**: For applicants between the ages of 0-17 years. If you are not the biological parent of the applicant, submit legal guardianship documentation, such as a court order, which grants custody to you. Parent must sign application, if no legal custody documentation.
11. If applicant is a member of another Tribe/Nation, and is between his or her 18th – 19th birthday, a **CONDITIONAL RELINQUISHMENT** form must be submitted from that Tribe/Nation.
The Kiowa Tribe prohibits dual enrollment.

CONSTITUTION OF THE KIOWA TRIBE
ARTICLE IV – MEMBERSHIP
Ratified April 17, 2017

Section 1. Qualifying Membership. The membership of the Tribe shall consist of the following persons, regardless of their residence:

a. Upon approval of this constitution, all original Kiowa allottees of Kiowa Indian blood and/or Kiowa Captive blood will be entitled to be enrolled as Members of the Tribe; provided, they are not disqualified for membership under Section 6 of this Article.

b. Descendants of persons identified in Section 1(a) of this Article shall be eligible for enrollment; provided, they file an application for enrollment with the Enrollment Office and possess at least one-fourth degree Kiowa Indian and/or Kiowa Captive blood. Upon determination by the Enrollment Office that an individual meets the requirements for membership the individual shall be enrolled as a Member of the Tribe.

Section 2. Allottee Blood Quantum. All persons identified in Section 1(a) of this Article shall be deemed to possess four-fourths degree Kiowa Indian and/or Kiowa Captive blood for the purposes of computing eligibility of their descendants for membership under Section 1(b) of this Article.

Section 3. Acceptable Evidence. Persons whose parent or parents are not recorded on official records as Kiowa Indian(s) or Kiowa Captive(s) must prove by other acceptable evidence that they possess the required degree of Kiowa Indian and/or Kiowa Captive blood. Changes in degree of Indian blood from that shown in any records may be made in accordance with procedures established by the Legislature by law; provided, that any changes in blood degree shall be subject to the approval of the Bureau of Indian Affairs or its authorized representative.

Section 4. Application Process. Applications for membership must be supported by birth certificates or authenticated copies thereof and/or other records, as required by the circumstances of each application as required by law. All evidence submitted with an application for membership shall be retained by the Records Management Office.

Section 5. Adoption. Persons adopted by individual Kiowa Tribal Members shall not be eligible for membership in the Tribe unless they otherwise qualify for enrollment.

Section 6. Dual Enrollment Restriction. Persons who are enrolled as a member of another tribe shall not be eligible for enrollment with the Tribe if such person has, by virtue of such enrollment, received benefits of land or money. Any person who is enrolled as a member of another tribe and who has not received benefits of land or money shall be eligible for membership in the Tribe; provided, that such person files with both Tribes a formal relinquishment of membership in the other tribe.

Any person found to be enrolled as a member of another Indian tribe shall be notified of such dual enrollment status by certified mail, return receipt requested. If such person has not received benefits of land or money as defined in Section 6 above, such person shall be given ninety days from the date of receipt of the notice in which to elect the tribe in which they wish to retain their membership. In the event such person does not notify the Enrollment Office as specified above, the name of such person shall be removed from the membership roll.

Section 7. Enrollment Officer. The Chairman shall nominate the Enrollment Officer who shall be subject to confirmation by the Legislature; provided that if the Legislature takes no action on the nomination within thirty days of presentment, then the nomination shall be deemed confirmed. The Enrollment Officer shall implement the laws enacted by the Legislature regarding membership.

Section 8. Membership Laws. The Legislature shall have the power to enact laws governing the loss of membership and future membership, including adoptions, consistent with this constitution.

Section 9. Minors and Relinquishment of Membership. Notwithstanding the provision of Article IV, Section 6, any person who, as a minor, accepted land or monetary benefits as a member of another Indian tribe, shall have the option of relinquishing membership in the other Indian tribe and becoming a Member of the Tribe, no later than one year after such person attains the age of eighteen.



MEMBERSHIP APPLICATION FOR ENROLLMENT WITH THE KIOWA TRIBE

PLEASE PRINT CLEARLY

Applicant's Name				Middle Name			
Last Name				Maiden Name			
Date of Birth		SSN		Gender	Male	Female	
Mailing Address							
City		State		Zip Code		County	
Telephone #			Message #				

1. Is Applicant adopted? If yes, please submit the Final Decree of Adoption Yes No
2. Has the Applicant's birth certificate been amended? If yes, please provide documentation Yes No
3. Do you possess Indian Blood from another Indian Tribe? If yes, please list all tribe(s) Yes No
If yes, Name of other Tribe: *Degree of Blood*
Name of other Tribe: *Degree of Blood*
4. Are you enrolled with another Indian Tribe as a member of that tribe? Yes No
If yes, Name of Tribe:
5. If you are a member of another Indian Tribe, have you received benefits in Land or Money by virtue of such enrollment? Yes No
6. Have you ever relinquished your rights with another tribe? Yes No
If yes, date relinquished:

NAME OF KIOWA ANCESTOR and ALLOTTEE NUMBER of the Kiowa Indian Allottee(s)

Allottee Name(s)		Allottee #	
Relationship of Allottee to you			

MILITARY

Did you serve in the United States Military	Yes	No	N/A
Active Duty/Reserve/National Guard			
Branch			
Date entered		Date discharged	

APPLICANT'S MOTHER

Mother's Name				Date of Birth	
Enrolled Kiowa	Yes	No	Enrollment #		Degree of Kiowa Blood
Enrolled in or possess blood of a tribe other than Kiowa			Yes	No	Non-Indian
If yes, name of other Tribe					Degree of Blood

APPLICANT'S FATHER

Father's Name				Date of Birth	
Enrolled Kiowa	Yes	No	Enrollment #		Degree of Kiowa Blood
Enrolled in or possess blood of a tribe other than Kiowa			Yes	No	Non-Indian
If yes, name of other Tribe					Degree of Blood

SIBLING(S)

Sibling Name	Date of Birth	Enrollment #	Relationship to Applicant

PERSON COMPLETING THE APPLICATION FOR MINOR *(Must be applicant's legal guardian/custodial parent)*

Print Name				Relationship to Applicant	
Mailing Address					
City		State		Zip Code	County
Telephone #					
Signature				Date	

APPLICANT: *I hereby certify that the information provided on this membership application is both true and accurate to the best of my knowledge.*

Applicant Signature

Persons 18 years of age or older must sign their own application

Date

RETURN IN PERSON OR VIA MAIL TO:

Kiowa Tribe Enrollment Department
 PO Box 369
 Carnegie, OK 73015
 Phone: (580) 654-6327

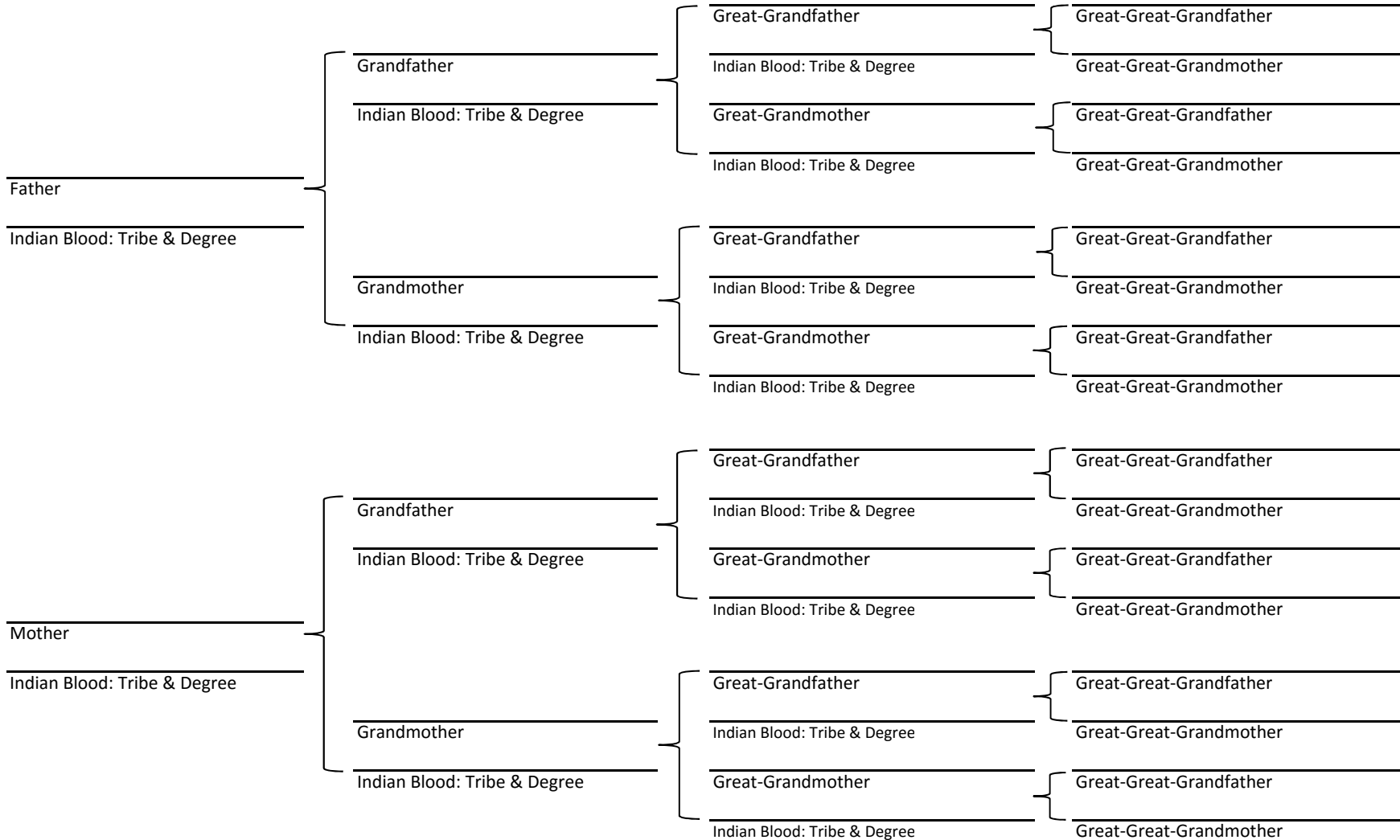
REMEMBER TO KEEP ENROLLMENT UPDATED ON ANY CHANGES. IF YOU HAVE A CHANGE OF ADDRESS OR A NAME CHANGE, PLEASE CONTACT THE ENROLLMENT DEPARTMENT AS SOON AS POSSIBLE.

*****Enrollment WILL NOT accept any faxed or emailed applications*****

APPLICANT'S FAMILY TREE CHART

Trace ancestry on the family tree chart to your Kiowa Indian Allottee or Kiowa-Captive Allottee ancestor. PLEASE NOTE- Each applicant must submit an original state certified birth certificate. No copies or local hospital statements will be accepted.

Applicant	Indian Blood (Tribe and Degree)
Information Establishing Eligibility for Enrollment Verified by:	Date: Authority:





KIOWA TRIBE ENROLLMENT DEPARTMENT CONSENT FOR RELEASE OF INFORMATION

I, _____ being of the legal age of eighteen (18) years of age or
Print Name
older, voluntarily give my consent to release the following information or records about myself
and/or child to the Kiowa Tribe Enrollment Department

- All information pertaining to myself.
- All information pertaining to my minor child as the legal guardian/custodial parent.

By signing below, I certify that I am the individual to whom the information or enrollment records apply. I understand that by signing this consent form, I am releasing the Kiowa Tribe and the Kiowa Tribe Enrollment Department from all liability as result of the disclosure of my personal information. Information to be used in manner so deemed appropriate by the Kiowa Tribe Enrollment Department. This consent for release of information form is also INDEFINITE.

Signature

Date

Print Name of *Minor* Child

Relationship to *Minor*