



Iowa Tribe of Oklahoma
335588 E. 750 Rd.
Perkins, OK, 74059
Ph: 405-547-2402 * 257
Fx: 405-547-4211

Iowa Tribe of Oklahoma Enrollment

In order for your application to be processed through Enrollment, please remit each of the required documents listed below:

1. Completed **Application for Enrollment**. Print clearly and complete each question to the line provided. Please sign and date completed application. We do not accept incomplete applications, it will be returned to you.
2. **Completed Family Tree**. Please complete genealogy on both sides of his/her family. List All Federally Recognized Tribes on the family tree and enrollment application. The family tree will be returned to you for completion if incomplete.
3. Applicant's **Original State-Issued Birth Certificate** long form
4. A copy of the Applicant's **Social Security** card
5. 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.
6. **Consent for Release of Information Form**
7. If the applicant is a member of another tribe, a Conditional Relinquishment form will need to be submitted for a minor child and a Full Relinquishment form for an adult, this must be submitted from that tribe.

Once you have obtained and completed the above-listed documents, please remit them to:

Iowa Tribe of Oklahoma, Attn: Enrollment, 335588 E. 750 Rd, Perkins, OK 74059.

If you have any questions, please contact my office at (405) 547-2402 toll free (888) 336-4692.

APPLICATIONS WILL BE RETURNED TO YOU IF IT IS 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 who 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

Date

FOR OFFICE USE ONLY

Approval Date: _____

Resolution #: _____

ENROLLMENT SPECIALIST

Reason for Denial:

_____ No Parent on roll

_____ Less than 1/16 Iowa Blood

_____ Listed on another tribal roll

DATE

NOTE: PLEASE FILL OUT COMPLETELY
AND THOROUGHLY AS POSSIBLE
INDICATING BLOOD DEGREE TO
THE BEST OF YOUR KNOWLEDGE.

Applicant Tribe & Blood Degree	Father Tribe & Blood Degree	Grandfather Tribe & Blood Degree	Great Grandfather Tribe & Blood Degree
Mother Tribe & Blood Degree	Grandmother Tribe & Blood Degree	Great Grandmother Tribe & Blood Degree	Great Grandmother Tribe & Blood Degree
Grandfather Tribe & Blood Degree	Grandmother Tribe & Blood Degree	Great Grandfather Tribe & Blood Degree	Great Grandmother Tribe & Blood Degree
Grandmother Tribe & Blood Degree	Grandfather Tribe & Blood Degree	Great Grandmother Tribe & Blood Degree	Great Grandfather Tribe & Blood Degree
Great Grandfather Tribe & Blood Degree	Great Grandmother Tribe & Blood Degree	Great Grandfather Tribe & Blood Degree	Great Grandmother Tribe & Blood Degree
Great Grandmother Tribe & Blood Degree	Great Grandfather Tribe & Blood Degree	Great Grandmother Tribe & Blood Degree	Great Grandfather Tribe & Blood Degree
Great Grandfather Tribe & Blood Degree	Great Grandmother Tribe & Blood Degree	Great Grandfather Tribe & Blood Degree	Great Grandmother Tribe & Blood Degree
Great Grandmother Tribe & Blood Degree	Great Grandfather Tribe & Blood Degree	Great Grandmother Tribe & Blood Degree	Great Grandfather Tribe & 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 the following information or records about myself and/or my child to the Iowa Tribe of Oklahoma enrollment department.

Check the following that pertain:

- Enrollment information on myself _____
- Enrollment information on my child _____
- Enrollment information on my mother _____
- Enrollment information on my father _____
- Received any money or land from _____
- Any other inquires from the Iowa Tribe of Oklahoma _____

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 I have checked above 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 employees and Business Committee for any claims or injury that might occur as a result of the release of this information.

Signature

Date

Printed Name

Birth Date

Childs Name

Social Security Number

Iowa Tribe of Oklahoma
Rt. 1 Box721
Perkins, OK 74059
Phone: (405) 547-2402 Ext. 257
Fax: (405) 547-8631