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. 1607), 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 document 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.
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 an-
other 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

Reason for Denial:

________________________

No Parent on roll

Less than 1/16 Iowa Blood

Listed on another tribal roll

For Enrollment Specialist __________________________

Approval Date: __________________________

Resolution #: __________________________

DATE __________________________
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