



G W Y . 9 D 3 P
CHEROKEE NATION™
P.O. Box 948 • Tahlequah, OK 74465-0948 • (918) 453-5000

O r G J
Chad "Cornassel" Smith
Principal Chief

J L O a J L h a
Joe Grayson, Jr.
Deputy Principal Chief

STAFF
NAME _____

Title: _____

Agency: _____

Phone: _____

Fax #: _____

To: Cherokee Nation
Registration Office
PO Box 948
Tahlequah, OK 74465

Fax #: (918) 458-7617

Phone: (918) 453-5575

Date: _____

CDIB/TRIBAL MEMBERSHIP VERIFICATION

NAME: _____
FIRST MIDDLE MAIDEN MARRIED DOB

Mailing
Address: _____

SIGNATURE of self/parent or guardian *This serves as an authorization for release of current address to the Cherokee Nation Registration Office to update tribal records.

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DO NOT WRITE BELOW THIS LINE

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CDIB ISSUANCE DATE: _____ DEGREE _____ DATE OF APPLICATION: _____

STATUS: () READY TO BE TYPED () FURTHER INFO NEEDED () INACTIVE

TRIBAL MEMBER YES _____ (# _____) NO _____

COMMENTS: _____

Signature of Reg. Dept. Staff Handling call _____ ext. # _____ Date _____

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