



SAC AND FOX NATION

920963 S Hwy. 99 • Stroud, Oklahoma 74079 • (918) 968-1141 • FAX (918) 968-1142

ENROLLMENT PACKET

PLEASE COMPLETE AND ATTACH ALL REQUESTED DOCUMENTS

- 1. SAC AND FOX NATION MEMBERSHIP CRITERIA:** Identify the section of the Sac and Fox Constitution under which the applicant claims a right to membership per Article I – Membership of Tribe.” Please check only one blank.
- 2. APPLICATION FOR ENROLLMENT:** Please furnish as much information as possible on this portion, sign and date. Attach any legal guardianship papers.
- 3. CERTIFIED BIRTH CERTIFICATE:** A certified birth certificate has an embossed seal of the State in which the applicant was born and the signature of the State Registrar. A photo copy “IS NOT” acceptable. The certificate should indicate the name of the applicant. THIS CERTIFIED BIRTH CERTIFICATE WILL BE RETURNED once all documentation is verified by the Enrollment Department. A copy of the birth certificate will become a part of the official records of the Sac and Fox Nation. If the name on the application differs from the BIRTH NAME, please provide documentation of name change with the application, i.e. Marriage License, Adoption Papers.
- 4. SOCIAL SECURITY CARD:** Please provide a copy of the applicant’s card. Name on Birth Certificate, Social Security Card and Application must match.
- 5. ANCESTRAL INFORMATION:** This guides the researcher in verifying ancestral information and any Indian Blood degree. Please include maiden names if they are known.
- 6. AFFIDAVIT:** Please complete, sign and date. This affidavit must be signed by a Notary Public before it is accepted by this office.

RETURN TO: SAC AND FOX NATION
Enrollment Department
920883 S. Hwy. 99
Stroud, OK, 74079

SAC AND FOX NATION MEMBERSHIP CRITERIA

IDENTIFY THE SECTION OF THE SAC AND FOX CONSTITUTION UNDER WHICH THE APPLICANT CLAIMS A RIGHT TO MEMBERSHIP PER ARTICLE I - MEMBERSHIP OF TRIBE (Per SFN Code of Laws Title 24. Tribal Enrollment and Membership Act, Chapter 3 – Enrollment, Section 301):

Please check only one blank.

_____ SECTION 1. All enrolled persons whose names appear on the official Tribal Roll as of the date of the ratification of this constitution.

_____ SECTION 2. All persons of one-eighth (1/8) or more degree of total combined Sac and Fox Indian blood at least one of whose parents is a member of the Sac and Fox Nation.

SECTION 3. All persons now living and eligible for membership under Article I of the Constitution of the Sac and Fox Nation as amended August 26, 1967.

_____ a. All enrolled persons whose names appear on the official census roll of the tribe as of January 1, 1937, and who were living on that date.

_____ b. Each child born since the date of the said roll and prior to the effective date of Amendment I (October 16, 1954) each of whose parents was a member of the tribe.

_____ c. Each child of Sac and Fox Indian blood born prior to the effective date of Amendment I (October 16, 1954) of a marriage between a member of the tribe and any other person, if such child is admitted to membership by the council.

_____ d. Each child who is of one-eighth or more Sac and Fox Indian blood born on or after October 16, 1954, each of whose parents is a member of the tribe.

_____ e. Persons born after date of October 16, 1954, who possess one-eighth (1/8) or more Sac and Fox Indian blood, shall be entitled to membership with the Sac and Fox Nation, provided an application is submitted in writing to the Sac and Fox Nation and provided that such person, if enrolled with another tribe, shall first file a conditional relinquishment with the other tribe.

_____ f. Persons making application for membership shall be entitled to file application under Section 3 (c) only two times, and if rejected both times, they shall not be entitled to further consideration under 3 (c).

APPLICATION FOR ENROLLMENT

1. Name of Applicant: _____
2. Other names used (Maiden, Alias, etc.): _____
Indian Name: _____ **Clan:** _____ **Meaning:** _____
3. Date of Birth: _____
4. Social Security Number _____
(PLEASE INCLUDE A COPY OF SOCIAL SECURITY CARD)
5. Address: _____
(Street) (City) (State) (Zip)
6. Phone Numbers: _____
Home Work Cell
7. Degree of Sac and Fox Blood: _____
8. Degree of other Indian blood: _____
9. Have you ever been denied by the General Council? () NO () YES
Date(s): _____
10. Are you currently enrolled with another Tribe? () NO () YES
a. If YES, name of the Tribe and Name by which you are known on that roll:

(Please include copy of Conditional Relinquishment from that tribe.)
11. **Name and Roll number of Parent(s) on the Sac and Fox of Oklahoma roll:**

12. **APPLICANT:** To certify your desire to become a member of the Sac and Fox Nation, please sign below.

SIGNATURE OF APPLICANT/PARENT/LEGAL GUARDIAN
(Please attach supporting legal documents)

DATE

TRACE ANCESTRY TO SAC AND FOX ANCESTOR ON BASIC ROLL

PLEASE COMPLETE THE WHOLE SHEET AND USE "N/A" FOR "NOT APPLICABLE" WHERE APPROPRIATE

FATHER of Applicant: _____

Sac and Fox blood degree: _____ Roll Number: _____

Other Indian blood degree: _____ Tribe(s): _____

Enrolled with another tribe: () NO () YES If YES, name and address of Tribal Office: _____

FATHER'S FATHER: _____ TRIBE(S): _____

FATHER'S MOTHER: _____ TRIBE(S): _____

FATHER'S PATERNAL GRANDFATHER: _____ TRIBE(S): _____

FATHER'S PATERNAL GRANDMOTHER: _____ TRIBE(S): _____

FATHER'S MATERNAL GRANDFATHER: _____ TRIBE(S): _____

FATHER'S MATERNAL GRANDMOTHER: _____ TRIBE(S): _____

FATHER'S PATERNAL GREAT-GRANDFATHER: _____ TRIBE(S): _____

FATHER'S PATERNAL GREAT-GRANDMOTHER: _____ TRIBE(S): _____

FATHER'S MATERNAL GREAT-GRANDFATHER: _____ TRIBE(S): _____

FATHER'S MATERNAL GREAT-GRANDMOTHER: _____ TRIBE(S): _____

MOTHER of Applicant: _____

Sac and Fox blood degree: _____ Roll Number: _____

Other Indian blood degree: _____ Tribe(s): _____

Enrolled with another tribe: () NO () YES If YES, name and address of Tribal Office: _____

MOTHER'S FATHER: _____ TRIBE(S): _____

MOTHER'S MOTHER: _____ TRIBE(S): _____

MOTHER'S PATERNAL-GRANDFATHER: _____ TRIBE(S): _____

MOTHER'S PATERNAL-GRANDMOTHER: _____ TRIBE(S): _____

MOTHER'S MATERNAL-GRANDFATHER: _____ TRIBE(S): _____

MOTHER'S MATERNAL-GRANDMOTHER: _____ TRIBE(S): _____

MOTHER'S PATERNAL GREAT-GRANDFATHER: _____ TRIBE(S): _____

MOTHER'S PATERNAL GREAT-GRANDMOTHER: _____ TRIBE(S): _____

MOTHER'S MATERNAL GREAT-GRANDFATHER: _____ TRIBE(S): _____

MOTHER'S MATERNAL GREAT-GRANDMOTHER: _____ TRIBE(S): _____

AFFIDAVIT

County of _____ }
State of _____ }

I, _____, of lawful age, being first sworn upon oath
(Name of Applicant/Parent (Biological)/Legal Guardian)

deposes and states:

That _____, for whom this application is made,
(Applicant's Name)

(check one) is or is not an adopted child
a direct descendant by blood of a member
of the Sac and Fox Nation.

(check one) is or is not an adopted child

ON BEHALF OF A MINOR:

I further state that I am the (check appropriate box):

- () parent (Biological)
- () legal guardian

of _____ (child's name) and I am vested with the authority to
make and submit the above and foregoing application to the Sac and Fox Nation and all information
provided and furnished by me in this application is true and correct.

In executing the foregoing application, I am fully aware that the provisions in Sec. 1001, Title 18,
U.S.C., provide for a fine or not more than \$10,000 or imprisonment for not more than five years or
both, for making false or fraudulent statements in connection with any matter within the jurisdiction
of any Department or Agency of the United States.

DATE: _____ NAME: _____
SIGNATURE OF APPLICANT/PARENT (BIOLOGICAL)/LEGAL
GUARDIAN

Subscribed and sworn to before me this _____ day of _____, 20____.

NOTARY PUBLIC'S PRINTED NAME

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES: _____

Seal: