



**CHEROKEE NATION  
TRIBAL REGISTRATION  
P.O. BOX 948  
TAHLEQUAH, OK 74465**

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Email: [registration@cherokee.org](mailto:registration@cherokee.org)  
Web: [www.cherokee.org](http://www.cherokee.org)

DATE: \_\_\_\_\_

**TRIBAL REGISTRATION REQUEST FORM**

**ADULTS: MUST SIGN OWN FORM IN "INK" AND PROVIDE A COPY OF IDENTIFICATION**

**MINORS: PARENT/AUTHORIZED AGENT/CUSTODIAL PARENT MAY REQUEST. ID REQUIRED**

☐ ADDRESS CHANGE    ☐ AMENDMENT    ☐ DUP CDIB    ☐ DUP CITIZ    ☐ IND PREF LTR    ☐ MARRIAGE NAME CHG    ☐ RELINQUISHMENT    ☐ OTHER

**LEGAL NAME:**    **FIRST**    **MIDDLE**    **MAIDEN**    **LAST**

**DATE OF BIRTH**    **CITIZENSHIP NUMBER**    **TELEPHONE NUMBER**    **SOCIAL SECURITY**

**PHYSICAL ADDRESS:**    **ADDRESS**    **CITY**    **STATE**    **ZIP**

**MAILING ADDRESS:**    **ADDRESS**    **CITY**    **STATE**    **ZIP**

**EMAIL ADDRESS:** \_\_\_\_\_

**NAME CHANGE:**    \_\_\_\_\_ **WAS**    \_\_\_\_\_ **NOW**

**If the applicant is under 18, is he/she legally represented? Such as:**

**Court appointed guardianship, court ordered custody, divorce custody**

**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_ **If YES, custody/legal documents will need to be submitted with this form.**

**SIGNATURE OF PERSON REQUESTING**    ( ) **PERSON HIMSELF/HERSELF**  
( ) **PERSON MAKING REQUEST:** \_\_\_\_\_  
( ) **AUTHORIZED AGENT**    **(Relationship)**

**Explain how to amend your CDIB here (if applicable):** \_\_\_\_\_