Otoe-Missouria Tribe of Indians

Enrollment Application Information / Instructions

REQUIRED DOCUMENTS

1. **APPLICATION:** Complete fully, put N\A (Not Applicable) where necessary, sign and date using in

2. **FAMILY TREE:** Complete as thoroughly as possible to trace Otoe-Missouria ancestry.

3. **BIRTH CERTIFICATE:** Original state certified copy of the applicant’s Birth Certificate Issued by the State Department of Vital Records from the State the applicant was born in. A hospital record or baptism document is not sufficient as proof of birth.

4. **SOCIAL SECURITY CARD**

5. **OTHER:** Marriage License/ Divorce Decree, Adoption Decree, Legal Custody documents, DNA Paternity Results, etc.

6. **IRS W-9 Form:** Name must match on the Social Security Card exactly. Adults only.

7. **Relinquishment Statement (if currently enrolled with another Tribe/Nation).**

   All original documents will be returned by Certified Mail.

CONSTITUTIONAL REQUIREMENT FOR ENROLLMENT

REF: ARTICLE IV-MEMBERSHIP, 1 (a), (b), 2 AND 3 OF THE CONSTITUTION OF THE OTOE-MISSOURIA TRIBE OF INDIANS, APPROVED June 12, 2009

Section 1. Members The membership of the Otoe-Missouria Tribe of Indians shall consist of the following Persons, provided they have not received land or money as an adult by virtue of being enrolled as members of another Indian Tribe:
   (a) All persons whose names appear on the official membership roll of the Tribe as of October 14, 1966, and
   (b) All persons who are of at least one-eight (1/8) degree Otoe-Missouria blood.

Section 2. Dual Enrollment Prohibited. No persons who is enrolled member of another federally recognized tribe or band of Indians shall, at the same time, be a member of the Otoe-Missouria Tribe of Indians

Section 3. Enrollment Ordinance The Tribal Council shall have the power to enact an enrollment ordinance consisting with the provisions of this constitution. This ordinance may include provisions for adoption into membership and loss of membership as well as all other appropriate definitions and procedures.

Please either mail or hand deliver the application and required documentation to:

Otoe-Missouria Tribe of Indians
Attn: Enrollment Department
8151 Highway 177
Red Rock OK 74651-0348

Please contact the Enrollment Office at (580)-723-4466, X238, X104 if you need further assistance.
OTOE-MISSOURIA TRIBE OF INDIANS

Application for Enrollment/Membership

PRINT PERSONAL INFORMATION:
FULL NAME: ________________________________ SOCIAL SECURITY #: __________
MAILING ADDRESS: ________________________________ DATE OF BIRTH: ______/_____/______
CITY STATE ZIP COUNTY
MALE ______ FEMALE ______ MINOR ______
PHYSICAL ADDRESS: ________________________________ OTHER NAMES/ALIAS
CITY STATE ZIP COUNTY
VETERAN: YES ___ NO ___ DD 214 ______
TELEPHONE: (___) _____ - _______ E-MAIL ADDRESS: ________________________________

DEGREE OF OTOE-MISSOURIA BLOOD: _______ ARE YOU ENROLLED WITH ANOTHER TRIBE? YES OR NO
IF YES, NAME OF TRIBE: ________________________________ IF YES, HAVE YOU RELINQUISHED YOUR MEMBERSHIP?
YES OR NO (ATTACH RELINQUISHMENT). IF ANSWERING YES TO BEING ENROLLED WITH ANOTHER TRIBE,
HAVE YOU RECEIVED MONEY AS A RESULT OF BEING AN ENROLLED ADULT MEMBER (18+) OF YOUR CURRENT
TRIBE? YES OR NO

FAMILY HISTORY:
FULL NAME OF ANCESTOR(S) ON 1966 BASE ROLL WHOM ENROLLMENT IS CLAIMED: ________________________________

RELATIONSHIP TO ANCESTOR: ________________________________ DEGREE OF O-M BLOOD: _______

APPLICANT’S BIOLOGICAL FATHER: ________________________________ DEGREE OF O-M BLOOD: _______
IS HE ENROLLED WITH O-M TRIBE? YES OR NO IS HE ENROLLED WITH ANOTHER TRIBE? YES OR NO
IF YES, NAME OF TRIBE: ________________________________

APPLICANT’S BIOLOGICAL MOTHER: ________________________________ DEGREE OF O-M BLOOD: _______
IS SHE ENROLLED WITH O-M TRIBE? YES OR NO IS SHE ENROLLED WITH ANOTHER TRIBE? YES OR NO
IF YES, NAME OF TRIBE: ________________________________ APPLICANT ADOPTED? YES OR NO IF YES, INCLUDE ADOPTION DEGREE

CERTIFICATION

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ON THIS MEMBERSHIP APPLICATION IS TRUE AND ACCURATE. I UNDERSTAND THAT PROVIDING FALSE INFORMATION TO DELIBERATELY OBTAIN MEMBERSHIP CAN AND WILL RESULT IN IMMEDIATE REJECTION OF APPLICATION AND/OR IMMEDIATE REMOVAL FROM TRIBAL MEMBERSHIP (IF ENROLLED). I CONSENT TO THE RELEASE OF INFORMATION PRESENTED TO ANY TRIBE/NATION FOR THE SOLE PURPOSE OF OBTAINING VERIFICATION OR CONFIRMATION OF TRIBAL ENROLLMENT INTO THE OTOE MISSOURIA TRIBE OF INDIANS.

SIGNATURE(S): ________________________________ DATE: ________________________________

APPLICANT/MINOR PARENT(s)/MINOR/APPLICANT LEGAL GUARDIAN
List of Tribes' Affiliation or Ethnic Heritage

Maternal Grandmother's Name

Maternal Grandfather's Name

Applicant's Name

List of Tribes' Affiliation or Ethnic Heritage

Father's Name

List of Tribes' Affiliation or Ethnic Heritage

Mother's Name

List of Tribes' Affiliation or Ethnic Heritage

If family tree is not completely filled, please provide as much information as possible to complete Missouri Family Tree (OMIT).
OTOE MISSOURIA TRIBE OF INDIANS

APPLICANT'S CONSENT FOR RELEASE OF INFORMATION

I, ____________________________, being of the legal age of eighteen (18) years or older, voluntarily give my consent to release the following information or records about myself and/or my child to the Otoe-Missouria Tribe of Indians Enrollment Department:

- Enrollment information on myself
- Enrollment information on my minor child (as a custodial parent or guardian)
- Receipt of any money or land from the ____________________________ (as an adult).
  (Enter Name of Applicant's Affiliated Tribe or Tribal Nation)

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 to be used in manner so deemed appropriate by the Otoe-Missouria Tribe of Indians Enrollment Department. I also agree to hold harmless the Otoe-Missouria Tribe of Indians Enrollment Personnel and the Otoe-Missouria Tribal Council for any claims or injury that may occur as a result of the release of this information.

________________________________    __________________________________
SIGNATURE                                     DATE

________________________________    ____________________________
PRINTED NAME                                MINOR'S NAME

OTOE MISSOURIA TRIBE OF INDIANS
8151 HWY 177
RED ROCK, OK 74651
580.723.4466 EXT. 104 OR 238
580.723.4445 FAX
Otoe-Missouria Tribe of Indians

MINOR CUSTODY AFFIDAVIT 0-17 YEARS OF AGE (MCA)

THIS FORM MUST BE COMPLETED AND NOTARIZED BY THE CUSTODIAL PARENT(S) AND/OR LEGAL GUARDIAN OF MINOR APPLICANT OR MEMBER.

- LEGAL GUARDIANS MUST SUBMIT AN ORIGINAL OR OFFICIAL COPY OF ANY LEGAL DOCUMENTATION BY VERIFYING THEIR GUARDIANSHIP STATUS. ORIGINAL DOCUMENTS WILL BE RETURNED BY CERTIFIED MAIL.
- NAME CHANGE - SUBMIT ORIGINAL OR OFFICIAL COPIES OF THE COURT ORDER OR LEGAL DOCUMENTATION. ORIGINAL DOCUMENTS WILL BE RETURNED BY CERTIFIED MAIL.

Name of Minor: ___________________________ Date of Birth: __________

Physical Address: ________________________________

Mailing Address: ________________________________

Minor Parent(s) Status: Married _____ Common-law _____ Divorced _____ Separated _____ Single _____ Widowed _____ Part.:er _____

If custodial parents are married or divorces, attach copy of marriage license, divorce decree or legal custody order of minor.

Custodial Adult’s Name: ___________________________ Relationship to Minor: _______________

Custodial Adult’s Name: ___________________________ Relationship to Minor: _______________

Mailing Address: ________________________________

NOTICE REGARDING FALSE STATEMENTS

WHOEVER, IN ANY MANNER WITHIN THE JURISDICTION OF ANY DEPARTMENT OF AGENCY OF THE UNITED STATES KNOWINGLY OR WILLFULLY FALSIFIES, COVERS UP BY TRICK, SCHEME, OR DEVISE A MATERIAL FACT OR MAKES A FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR REPRESENTATION OR MAKES OR USES ANY FALSE WRITING OR DOCUMENTS, KNOWING THE SAME TO CONTAIN ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY MAY BE PUNISHED BY FINE, IMPRISONMENT OR BOTH (8 U.S.C. SECTION 1001). I HAVE READ AND UNDERSTAND THE PRECEDING FEDERAL LAW AND I VERIFY THAT I AM A CUSTODIAL PARENT OR LEGAL GUARDIAN FOR THE MINOR LISTED ABOVE.

_______________________________________________________________________________

SIGNATURE ___________________________ DATE _______________

_______________________________________________________________________________

SIGNATURE ___________________________ DATE _______________

THIS SECTION IS FOR NOTARY USE ONLY. IF ID IS NOT INDICATED, THEN THE INDIVIDUAL IS REGARDED AS BEING PERSONALLY KNOWN BY NOTARY

- TRIBAL ID CARD (NO PAPER) ______ ENROLLMENT # ______ EXPIRES ______ STATE DRIVERS LICENSE ______ STATE ISSUED ID EXPIRES ______
- MILITARY ID CARD ______ BRANCH ________ No ______

STATE OF: __________________ COUNTY: __________________ COMMISSION # ______ EXPIRES: ______________

SUBSCRIBED AND SWORN TO BEFORE ME THIS _______ DAY OF ____________ 20_________

_______________________________________________________________________________

NOTARY SEAL OR STAMP

NOTARY PUBLIC
CHANGE OF ADDRESS FORM (COA)/AFFIDAVIT FOR ADULT TRIBAL MEMBERS

The Otoe-Missouria Tribal Enrollment Department is required to keep a complete and accurate record for reporting purposes for individual Tribal Members and their Tribal benefits distributions. The following is required in order to update member information:

- A completed IRS W-9 form must be submitted with this form or your address will not be processed. COA form must be completed in blue or black ink only. No alterations or use of correction tape/white out will be accepted.
- Legal guardians must submit an original or official copy of any legal documentation verifying their guardianship unless one has already been filed with the Enrollment Department. If not, please send by certified mail. Originals will be returned by certified mail.
- If there is a name change, submit original or official copies of the marriage license, or other legal documentation, verifying the change with the Social Security Card reflecting the name change. Please send by certified mail, originals will be returned by certified mail.
- This form must be notarized. Notary fees are the responsibility of the Tribal Member or Legal Guardian.
- COA & IRS W-9 Form must be submitted together. Mailing Address on the COA must match the address on the IRS W-9 Form.

Current Full Legal Name

Male____ Female____  
Primary Telephone # ___________________ Message ____________________

Date of Birth: ___________________ Roll # ___________

NEW ADDRESS

Mailing Address: ____________________
City _______ State _______ Zip Code _______ County _______

Physical Address: ____________________
City _______ State _______ Zip Code _______ County _______

Notice Regarding False Statements
18 United States code, Section 101, Federal Law Governing Fraud:
"Whoever, in any matter within the jurisdiction of any Department of Agency of the United States, knowingly and willfully falsifies, conceals, or covers up by trick, scheme, or devise a material fact or makes a false, fictitious, or fraudulent statements or representations or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than $10,000.00 or imprisoned no more than five years or both." I have read and understand the preceding Federal Law, and I verify that I am the above stated adult and on the IRS W-9 or a legal guardian for the adult listed above and on the IRS W-9 Form.

Signature of Person Filing COA/Affidavit

NOTARY USE ONLY

State of: ____________________
County of: ____________________

Subscribed and sworn to before me this ______________ day of ____________________, 20 ___.
My Commission Number: ____________________
My Commission Expires: ____________________
**Request for Taxpayer Identification Number and Certification**

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2. Business name/disregarded entity name, if different from above.

3. Check appropriate box for federal tax classification; check only one of the following seven boxes:
   - Individual sole proprietor or
   - C Corporation
   - S Corporation
   - Partnership
   - Trust/estate
   - Single-member LLC
   - Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership). Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
   - Other (see instructions)

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
   - Exempt payee code (if any)
   - Exemption from FATCA reporting code (if any)

5. Address (number, street, and apt. or suite no.).

6. City, state, and ZIP code.

7. List account number(s) here (optional).

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

**Note:** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<table>
<thead>
<tr>
<th>Social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
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</table>

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here**

**Signature of U.S. person**

**Date**

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1096-DW (dividends, including those from stocks or mutual funds)
- Form 1096-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1099 (interest, dividends, foreign payments, misc income)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filed-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding,
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.
Otoe-Missouria Tribe of Indians  
Department of Enrollment  
8151 Highway 177  
Red Rock, OK 74651-0348  
Return form w/original documentation to this address. Faxes not accepted.

CHANGE OF ADDRESS FORM (COA)/AFFIDAVIT FOR MINOR (0-17) TRIBAL MEMBERS

I, _______________________________, hereby verify that I am the custodial parent or legal guardian of the minor listed below and is in my custody and care. (Please provide legal documentation that you are the legal guardian of said minor member).

Child’s Name (First, Middle, Last)  
DOB  
ID #  
SS#  
Relationship to Minor

Male___  Female___  Primary Telephone #____________  Message ___________________

NEW ADDRESS

Mailing Address: ________________________________________________________________
City  State  Zip Code  County

Physical Address: _______________________________________________________________
City  State  Zip Code  County

Notice Regarding False Statements
18 United States code, Section 101, Federal Law Governing Fraud:
“Whoever, in any matter within the jurisdiction of any Department of Agency of the United States, knowingly and willfully falsifies, conceals, or covers up by trick, scheme, or devised a material fact or makes a false, fictitious, or fraudulent statements or representations or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than $10,000.00 or imprisoned no more than five years or both.”

I, ________________________________, custodial parent or legal guardian of the above mentioned minor have read and understand the preceding Federal Law:

______________________________________________________________________________  
Signature of Person Filing COA/Affidavit

NOTARY USE ONLY
State of: _______________________________
County of: _______________________________

Subscribed and sworn to before me this ______________ day of ________________________, 20_____.
My Commission Number: _____________________________
My Commission Expires: _____________________________