



COMANCHE NATION – ENROLLMENT DEPARTMENT

P.O. BOX 908 LAWTON, OK 73502 PHONE 580-360-0535 FAX 580-492-6389

ENROLLMENT APPLICATION

Prior to returning this Enrollment Packet to the Enrollment Department, these procedures are to be completed

- ☐ 1. Complete the **TRIBAL ENROLLMENT APPLICATION**. When filling out the enrollment application, be sure to fill out every line and question. Print clearly in **BLACK** or **BLUE** ink, only. Please make sure the application is signed, dated and completed. We do not accept incomplete applications, it will be returned to you. **The application MUST BE NOTARIZED.**
- ☐ 2. If the name on the application differs from the **BIRTH NAME**, please provide documentation of name change with the application i.e. Marriage License, Divorce Decree or Adoption Papers.
- ☐ 3. Complete the **FAMILY TREE** form. This information pertains to the applicant's genealogy on both sides of his/her family.
- ☐ 4. Complete the **MEMBERSHIP RECORD** form. This information pertains to the applicant, his/her parents' names, dates of birth, and his/her siblings.
- ☐ 5. Submit an **ORIGINAL STATE CERTIFIED BIRTH CERTIFICATE**. Hospital, county, city, commonwealth, and parish birth certificates will not be accepted. The birth certificate must show the full name of the parent(s) through whom eligibility is claimed. If the parent, with whom eligibility is claimed, is not listed on the birth certificate please include any DNA results. If the next enrolled family member is a grandparent, great-grandparent, etc. We will need a copy of the family member's birth certificate to link the applicant to that person.
- ☐ 6. Submit a **COPY** of the applicant's **SOCIAL SECURITY CARD**.
- ☐ 7. **ADDRESS:** List the address where the applicant's mail is actually received. This address will not be changed unless so advised by the applicant or, if a minor, by the applicant's parent, guardian or sponsor. Address changes must be in writing and turned into the Department of Enrollment.
- ☐ 8. If the applicant is adopted, please submit the **FINAL DECREE OF ADOPTION** when applying. Applicants who are adopted must otherwise qualify for enrollment pursuant to the Comanche Nation's Constitutional membership requirements through natural parentage and not through adoptive parentage.
- ☐ 9. **POSSESSION OF INDIAN BLOOD:** If the applicant possesses blood of any other **Federally Recognized Tribe**, please be sure to list ALL tribes on the application. We do **NOT** allow dual enrollment and a verification must be sent to the other tribes to ensure they are **NOT** enrolled elsewhere. If you do not list the other tribes it can slow the application process.
- ☐ 10. **Please be informed:** If the applicant is a member of another tribe, and is between his/her 18th-19th Birthday, a **CONDITIONAL RELINQUISHMENT** form must be submitted from that tribe.
- ☐ 11. Any applicant 18 years or older must submit a brief statement explaining why they would like to become a member of the Comanche Nation.

PLEASE BE CERTAIN all documents have been completed and signed **BEFORE** you submit them to the Enrollment Department.

APPLICATION WILL BE RETURNED TO YOU IF IT IS INCOMPLETE!

Completed Applications should be mailed to:
COMANCHE NATION ENROLLMENT DEPARTMENT
P.O. BOX 908
LAWTON, OK 73502

*All information submitted to the Enrollment Department is **CONFIDENTIAL**. No information will be given to anyone other than the applicant unless proper documentation is provided.*

CONSTITUTION OF THE COMANCHE NATION

ARTICLE III-MEMBERSHIP

(Pursuant to Amendment V, adopted May 29, 1976, Amendment D, adopted February 23, 2002)

Section 1: The membership of the Comanche Nation shall consist of the following:

- (a.) All persons, who received an allotment of land as members of the Comanche Nation under the Act of June 6, 1900 (31 Stat.672), and subsequent Acts, shall be included as full blood members of the tribe.
- (b.) All living direct descendants of allottees eligible for membership under the provisions of Section 1(a) of this Article born on or before the date of adoption of this constitution.
- (c.) All descendants of allottees eligible for membership under the provisions of Section 1. (a) Of this Article, having one eighth (1/8) or more degree of Comanche Indian Blood.

Section 2: Application for new membership in the Comanche Nation under Section 1(c) must be supported by authenticated copies of birth certificate or other records recognized by State or Federal recorders. All evidence so submitted shall be retained by the tribe to support the record.

Section 3: Any person eligible for membership in the Comanche Nation under the provisions of Section 1 of this Article shall be considered a member of the Comanche Nation unless:

- (a.) The person is an adult and submits in writing to the tribal chairman a statement of withdrawal from the Comanche Nation and relinquishment of all rights of tribal membership, signed by him or her and attested by two(2) witnesses, which statement shall automatically effect a permanent withdrawal from membership in the Comanche Nation and a relinquishment of all rights and benefits thereunder; or
- (b.) The person is at the time of the adoption of this constitution an enrolled member of another tribe or has in the past received and accepted or, if a minor, whose parents or legal guardian has received and accepted for said minor, material or monetary benefits as member of another Indian tribe and who fails or whose parents or legal guardian fails, if a minor, within ninety (90) days after the adoption of this constitution to declare in writing to the tribal chairman preference for membership in the Comanche Nation and the same time in writing renounces membership in said other tribe; or
- (c.) The person after the adoption of this constitution by his or her affirmative action or, if a minor, by the affirmative action of his or her parents or legal guardian becomes a recognized or enrolled member of another Indian tribe with full rights, privileges and powers of membership under the rules of said other tribe, which said affirmative action and subsequent recognition or enrollment shall automatically effect a permanent withdrawal from membership in the Comanche Nation and relinquishment of all rights and benefits thereunder; or
- (d.) The person after the adoption of this constitution receives and accepts or, if a minor, his or her parents or legal guardian accepts for said minor, material or monetary benefits as a result of membership in another Indian tribe which such receipt and acceptance shall automatically effect a permanent withdrawal from membership in the Comanche Nation and a relinquishment of all rights and benefits thereunder.

Section 4: Notwithstanding the provisions of Section 3 of this Article, any person who meets the eligibility criteria in Section 1 of this Article who as a minor accepted a material or monetary benefit as a member of another Indian Tribe or whose legal guardians accepted a material or monetary benefit as a member of another Indian tribe while the person was minor, shall have the option of relinquishing their membership in the other tribe and becoming a member of the Comanche Nation not later than one year after they become an adult as defined by this Constitution, provided further that any person eligible for membership of the Comanche Nation under this section who has reached adulthood prior to the approval date of this section must take appropriate action to enroll as a member of the Comanche Nation not later than 30 days subsequent to the adoption date of this section.

Section 5: The Comanche Nation will have an open enrollment not to exceed a period of six (6) months from the time this amendment is approved by the Secretary of Interior to allow all persons who have not met or do not meet the eligibility requirements as stated in Article III, Section 1 through Section 4, the opportunity to present evidence and documentation to substantiate their claim(s) for enrollment to be determined by the Comanche Business Committee.



COMANCHE NATION – OFFICE OF ENROLLMENT

APPLICATION FOR ENROLLMENT

This application may be mailed or delivered to the Comanche Nation Enrollment Office at the following address:
COMANCHE NATION-ENROLLMENT P.O. BOX 908 LAWTON, OK 73502

APPLICANT'S FULL NAME: _____

MAIDEN, INDIAN, OR OTHER NAME BY WHICH KNOWN: _____

SOC. SEC. # _____ DATE OF BIRTH: _____ GENDER: ☐ MALE ☐ FEMALE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____

PRIMARY PHONE: _____ EMAIL: _____

ALL QUESTIONS MUST BE ANSWERED OR YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE.

IS APPLICANT ADOPTED? ☐ YES ☐ NO If YES, please submit the Final Decree of Adoption.

Has the applicant's Birth Certificate been amended? ☐ YES ☐ NO If YES, please provide documentation.

YES ☐ NO ☐ has the applicant ever been enrolled or are they enrolled with another tribe? If YES, what tribe? _____

YES ☐ NO ☐ Has the applicant ever relinquished their rights with another tribe? If YES, what tribe and when? _____

YES ☐ NO ☐ Has the applicant received benefits in land or money by virtue from another tribe?

YES ☐ NO ☐ Does the applicant possess blood of any other federally recognized tribe? If YES, what tribe(s)? _____

YES ☐ NO ☐ Has the applicant ever applied for membership with the Comanche Nation? If YES, when? _____

YES ☐ NO ☐ Is the applicant between his/her 18-19th birthday?

SWORN AFFIDAVIT OF TRUTHFULNESS

PERSON COMPLETING THE APPLICATION (If the applicant is a minor, it must be signed by the applicant's legal guardian or custodial parent)

I hereby certify that the information provided on this membership application is true and accurate. I further understand that providing false information to deliberately obtain tribal membership can and will result in immediate rejection of application, and immediate removal from tribal membership (if enrolled). I further understand that by submitting this enrollment application, I authorize the Comanche Nation Tribal Court to exercise jurisdiction over any harm caused to the Comanche Nation from misrepresentations.

PRINTED NAME: _____ RELATIONSHIP TO APPLICANT: _____

SIGNATURE: _____ DATE: _____

FORMS MUST BE NOTARIZED: NOTARY USE ONLY

State Of _____) County Of _____)

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

My Commission Number: _____ My Commission Expires: _____.

Notary Signature: _____ Notary Seal: _____





Revised February 24, 2023

COMANCHE NATION – OFFICE OF ENROLLMENT

MEMBERSHIP RECORD

Applicant's Name: _____ D.O.B: _____ SS# _____

APPLICANT'S MOTHER

MOTHER'S NAME: _____ DATE OF BIRTH: _____

ENROLLED WITH COMANCHE NATION? ☐ YES ☐ NO ROLL # _____ DEGREE OF BLOOD _____

ENROLLED IN OR POSSESS BLOOD OF A TRIBE OTHER THAN COMANCHE NATION? ☐ YES ☐ NO ☐ NON-INDIAN

NAME OF OTHER TRIBE _____ DEGREE OF BLOOD _____

APPLICANT'S FATHER

FATHER'S NAME: _____ DATE OF BIRTH: _____

ENROLLED WITH COMANCHE NATION? ☐ YES ☐ NO ROLL # _____ DEGREE OF BLOOD _____

ENROLLED IN OR POSSESS BLOOD OF A TRIBE OTHER THAN COMANCHE NATION? ☐ YES ☐ NO ☐ NON-INDIAN

NAME OF OTHER TRIBE _____ DEGREE OF BLOOD _____

Please list the applicant's siblings and/or children (This information is optional but it may assist us in the enrollment process)

Sibling(s)

NAME	D.O.B	ROLL #	RELATIONSHIP TO APPLICANT

Children

NAME	D.O.B	ROLL #	RELATIONSHIP TO APPLICANT

MILITARY SERVICE RECORD

DID YOU SERVE IN THE UNITED STATES MILITARY? ☐ YES ☐ NO ☐ N/A

ACTIVE DUTY/RESERVE/NATIONAL GUARD: _____

BRANCH: _____

DATE ENTERED: _____

DATE DISCHARGED: _____

Applicant's Family Tree Chart

Please Note:

Both sides of the family tree must be completed. If the form is incomplete we will return it to you.

If the family member is not native, please list Non-Native under their name. Also, List ALL other tribal blood.

Father

Grandfather

Applicant

Mother

Grandfather

Grandmother

GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GREAT GRANDPARENTS

Great-Grandfather

Great-Great Grandfather

Grandfather

Indian Blood/Tribe/Degree

Great-Great Grandmother

Grandmother

Indian Blood/Tribe/Degree

Great-Great Grandmother

Indian Blood/Tribe/Degree

Great-Grandfather

Great-Great Grandmother

Father

Grandfather

Indian Blood/Tribe/Degree

Great-Great Grandmother

Grandmother

Indian Blood/Tribe/Degree

Great-Great Grandmother

Indian Blood/Tribe/Degree

Great-Grandmother

Great-Great Grandmother

Applicant

Grandfather

Indian Blood/Tribe/Degree

Great-Great Grandmother

Mother

Grandfather

Indian Blood/Tribe/Degree

Great-Great Grandmother

Grandfather

Indian Blood/Tribe/Degree

Great-Great Grandmother

Indian Blood/Tribe/Degree

Great-Grandmother

Great-Great Grandmother

Grandmother

Indian Blood/Tribe/Degree

Great-Great Grandmother

Indian Blood/Tribe/Degree

Great-Grandfather

Great-Great Grandmother

Grandmother

Indian Blood/Tribe/Degree

Great-Great Grandmother

Indian Blood/Tribe/Degree

Great-Grandmother

Great-Great Grandmother



If the family member is non-indian, please put a "NON-NATIVE" under the name. If the family member does possess indian blood please list ALL tribes.



Revised August 21, 2024

COMANCHE NATION

Department of Enrollment

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 child to the Comanche Nation Enrollment Department

- Enrollment Information on myself.
- Enrollment information on my minor child (as a custodial parent or guardian)

Print Name of Minor Child

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 Comanche Nation Enrollment Department. I also agree to hold harmless the Comanche Nation Enrollment Personnel and the Comanche Nation Business Committee for any claims or injury that may occur as a result of the release of this information.

Signature

Date

Printed Name

This document is **INDEFINITE** and is for **ENROLLMENT PURPOSES ONLY**

P.O. BOX 908 LAWTON, OK. 73502 PHONE (580) 492-3371 FAX (580) 492-6389

www.comanchenation.com