

**OSAGE NATION
CERTIFICATE OF DEGREE OF INDIAN BLOOD DEPARTMENT
627 GRANDVIEW
PAWHUSKA, OK 74056
(918) 287-5389**

APPLICATION FOR A COPY OF CDIB

I am requesting a copy of my Certificate of Degree of Indian Blood (CDIB) for the following reason:

PLEASE LIST

NAME: _____
 First Middle Last (Maiden)

Date of Birth: _____ Telephone () _____

Street Address or PO Box: _____

City: _____ State: _____ ZIP: _____

Signature of Applicant or Guardian

Date: _____

PLEASE LIST YOUR PARENTS NAMES BELOW:

**FORM OF IDENTIFICATION
(COPIES)**

FATHER: _____

1. Driver's License

MOTHER: _____

2. Social Security Card

(COPY ONLY)

FOR OFFICE USE ONLY

Issued: _____

Clerk: _____