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

PLEASE RETURN OLD CDIB AND MEMBERSHIP CARDS
OR A NOTARIZED STATEMENT IF YOU HAVE LOST YOUR CARDS

APPLICATION FOR NAME CHANGE

I am requesting another Certificate of Degree of Indian Blood (CDIB) because my name has changed:

FROM: _____

TO: _____

NAME: _____
First Middle Last (Maiden)

Date of Birth: _____ **Telephone ( ) _____**

Street Address or PO Box: _____

City: _____ **State:** _____ **ZIP:** _____

_____ **Date:** _____
Signature of Applicant or Guardian

PLEASE LIST YOUR PARENTS NAMES BELOW:

FATHER: _____

MOTHER: _____

FORM OF IDENTIFICATION (COPIES)

1. **Driver's License**
2. **Social Security Number (if no Driver's License)**

FOR OFFICE USE ONLY

Issued: _____

Clerk: _____

**** PLEASE ENCLOSE A COPY OF FOLLOWING DOCUMENTS ****

1. **Marriage License (FIRST MARRIAGE)**
2. **Marriage License and Divorce Decree (REMARRIAGE)**
3. **Divorce Decree from last Marriage if there were children born**
4. **Changing Last Name to Different Name (Court Document)**