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

APPLICATION FOR REPLACEMENT OF CDIB

I am requesting another 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:** _____

_____ **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: _____