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

APPLICATION FOR COPY FILE DOCUMENTS

Type of Document: _____

I am requesting a copy of my file document for the following reason:

_____

_____

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)

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2. **Social Security Card**

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