

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

RELEASE OF CDIB INFORMATION

To: _____

From: _____

Reason: _____

Signature of Releaser

Subscribed and sworn to before me this ____ day of _____, 20____.
The same as the person above appeared before me.

Notary Public

Commission Expires

Information Released: _____

FOR OFFICE USE ONLY

Date Released: _____

CDIB Personnel: _____