

OMAHA TRIBE OF NEBRASKA

P.O. Box 368
Macy, NE 68039
PHONE 402-837-5391 Ext. 158
FAX (402) 837-5308



APPLICATION FOR MEMBERSHIP

Applications must be completed before review for eligibility for membership with the Omaha Tribe of Nebraska. Failure to provide all or any necessary documents will result in the application being returned with all the documentation, the Enrollment Office will not keep any information or application unless it is complete. To be eligible for enrollment with the Omaha Tribe the applicant MUST provide certified birth certificates or death certificates leading to an enrolled member on the base roll. Dual Enrollment is prohibited, please submit proof of Relinquishment from other Tribe/Band.

PLEASE SUBMIT ALL DOCUMENT(S) WITH COMPLETED APPLICATION TO:

Omaha Tribe of Nebraska Enrollment Office
PO Box 368

Macy, NE 68039

Any questions, please email Laura.McCauley@theomahatribe.com or Izabella.parker@theomahatribe.com

_____ Birth Certificate/Death Certificate (Original Birth Certificate) Linking to the base roll

****If applicant is/was adopted, submit original Birth Certificate with biological parents listed.

_____ Certified copy of the DNA results (If the father has Omaha Blood and is NOT on the Birth Certificate).

_____ Social Security Card (copy)

_____ Complete the attached family tree-

_____ Proof of Relinquishment (If previously enrolled with another Tribe/Band).

_____ Copy of placement papers or court order placing child with Child & Family Services.

Date Received:

By: Mail _____ Person _____

Incomplete: SSC _____ Certified B/C or D/C _____

Return Date: _____

We will not accept applications thru fax or email and all certified copies will be returned to address provided. *All incomplete applications will be returned.*

Date Entered:



Omaha Tribe of Nebraska Application for Enrollment

Date: _____

* Applicant Name: _____ (Maiden Name): _____
(FIRST) (MIDDLE) LAST JR/SR

Umoⁿhoⁿ Name: _____ Clan: _____

* Address: _____
P.O. Box # _____ Physical Address: Include City, State & Zip Code

* Email: _____ * Contact Phone Number: _____

* Date of Birth: _____ * SSN: _____ Male/Female

Single Married Widowed Divorced Veteran: Yes No DD-214 needed for ID card
(Please circle one)

Is the applicant enrolled in another Tribe? Yes No

If so, what Tribe: _____ * The Omaha Tribe does not honor Dual
Enrollment

Family Information:

Applicants Father _____ DOB: _____ Enrollment #: _____
Enrolled in the Omaha Tribe: Yes No

Applicants Mother: _____ DOB: _____ Enrollment #: _____
Enrolled in the Omaha Tribe: Yes No

Applicant's member listed on the base roll: _____

Copies of birth certificates will need to be provided to trace you back to a base roll member.

Is the applicant adopted? Yes No, (if yes, please submit adoption documentation) *****

Adopted Father: _____ DOB: _____

Adopted Mother: _____ DOB: _____



Omaha Tribe of Nebraska Application for Enrollment

CERTIFICATION

By my signature below, I certify under penalty of perjury that the information I provided on and in connection with this application for enrollment, including all attached and included documents, is true correct to the best of my knowledge.

I understand that any false statements, fraudulent information, forged documents, or intentional or knowing omissions on or included with is application or that I make or provide in relation to my application or request for enrollment.

- May subject me to legal action may be grounds for dis-enrollment and removal of my name from the membership roll for fraudulent misrepresentation, perjury, and/or lying under oath;
- May be grounds for dis-enrollment and removal of my name from the membership roll

I also understand and agree that if I am dis-enrolled as a result of false statements, misrepresentation, forged documents, or other fraudulent action for which I am responsible or by intentional or knowing misrepresentation or omission of facts, the Tribe shall have the rights to recover all benefits associated with enrollment paid or otherwise provided to me while enrolled, including for health care, general welfare or other payments, and other government services.

I irrevocably consent to the jurisdiction of the Tribal Court of the Omaha Tribe of Nebraska for any such action. The receipt of such benefits as result of fraudulent or false enrollment may also constitute theft from the Omaha Tribe of Nebraska.

Signature of Applicant: _____ Date: _____

If a minor, please have the legal guardian/foster parent(s) sign:

* _____ Date: _____

* _____ Date: _____

Please provide a copy of the court order of custody and foster placement papers

Omaha Tribe Of Nebraska

Family Tree Chart for:

