



**OSAGE NATION
MEMBERSHIP OFFICE**

ENROLLMENT APPLICATION PACKET

REVISED August 21ST, 2026

**INCOMPLETE ENROLLMENT APPLICATIONS WILL NOT BE ACCEPTED.
APPLICATIONS AND REQUIRED ORIGINAL DOCUMENTS WILL NOT BE ACCEPTED BY FAX OR EMAIL.**

CONTACT MEMBERSHIP OFFICE:

EMAIL: CDIB@OSAGENATION-NSN.GOV

1-800-818-6517 | 918-287-5389 | FAX: 918-287-5502

239 W. 12th ST. | PAWHUSKA, OK 74056

ENROLLMENT APPLICATION PACKET

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SECTION 1 – ELIGIBILITY INFORMATION

The **Osage Nation Membership Office** operates in accordance with the Osage Nation Constitution and applicable laws passed by the Osage Nation Congress. As established in the Constitution, the final roll of the Osage Tribe of Indians, pursuant to the Act of June 28, 1906 (34 Stat. 539), serves as the base roll for determining eligibility for Osage Nation membership.

ELIGIBILITY CRITERIA

To be eligible for enrollment as a member of the Osage Nation, applicants must meet the following criteria:

1. Be a **lineal descendant** of an individual listed on the **1906 Osage Allotment Act Roll**.
2. Provide **documentation** verifying their relationship to an enrolled Osage Nation member.
3. If applicable, complete all sections of the **CDIB Application**. Applications that are incomplete or missing any required documentation will be returned by mail.
4. Complete all sections of the **Membership Application**. Applications that are incomplete or missing any required documentation will be returned by mail.

Applicants are responsible for meeting these eligibility requirements and must submit all necessary documents to the Osage Nation Membership Office to verify eligibility.

ELIGIBILITY FOR TRIBAL SERVICES

Upon approval of membership by the **Membership Office**, the applicant becomes an official member of the Osage Nation.

The **Osage Nation Resource Directory** provides a comprehensive list of available services, department contacts, and other important information for both established and new members.

To access the Resource Directory, please scan the QR code below:



Members should contact the relevant departments directly for detailed information regarding requirements for services.

SECTION 2 - CDIB APPROVAL FLOW

Once your CDIB Application and Required Documents are submitted to the Membership Office, the application is processed in the order it was received. Membership Office staff will conduct a thorough review to ensure that each applicant's information is accurate and correct.

The CDIB Application will go through a 3-Step Verification Process, which follows guidelines as outlined by the Bureau of Indian Affairs (BIA). The process is as follows:

1. Research Phase
2. Verification Phase
3. Notification Phase

CDIB APPROVAL FLOW DIAGRAM

The **RESEARCH PHASE** consists of a Membership/CDIB Technician receives the application and reviews eligibility. Lineage is traced to a person on the 1906 Osage Original Allotment Roll. Blood quantum is verified using the 1921 and 1953 Osage Census Rolls.



The **VERIFICATION PHASE** occurs after research is complete, a Membership/CDIB Technician prepares the packet. The packet is submitted to the BIA Superintendent for review. All documentation must be accurate and consistent with verified lineage.



The **NOTIFICATION PHASE** begins after final approval. Once approved, the CDIB card is printed and mailed to the applicant. If the applicant is found ineligible, notification is sent by certified mail.

**BUREAU OF INDIAN AFFAIRS
CERTIFICATE OF DEGREE OF INDIAN OR ALASKA NATIVE BLOOD
INSTRUCTIONS**

All portions of the Request for Certificate of Degree of Indian or Alaska Native Blood (CDIB) must be completed. You must show your relationship to an enrolled member(s) of a federally recognized Indian tribe, whether it is through your birth mother or birth father, or both. A federally recognized Indian tribe means an Indian or Alaska Native tribe, band, nation, pueblo, village, or community which appears on the list of recognized tribes published in the Federal Register by the Secretary of the Interior (25 U.S.C. § 479a-1(a)).

- Your degree of Indian blood is computed from lineal ancestors of Indian blood who were enrolled with a federally recognized Indian tribe or whose names appear on the designated base rolls of a federally recognized Indian tribe.
- You must give the maiden names of all women listed on the Request for CDIB, unless they were enrolled by their married names.
- A Certified Copy of a Birth Certificate is required to establish your relationship to a parent(s) enrolled with a federally recognized Indian tribe(s).
- If your parent is not enrolled with a federally recognized Indian tribe, a Certified Copy of your parent's Birth or Death Certificate is required to establish your parent's relationship to an enrolled member of a federally recognized Indian tribe(s). If your grandparent(s) were not enrolled members of a federally recognized Indian tribe(s), a Certified Copy of the Birth or Death Certificate for each grandparent who was the child of an enrolled member of a federally recognized Indian tribe is required.
- Certified copies of Birth Certificates, Delayed Birth Certificates, and Death Certificates may be obtained from the State Department of Health or Bureau of Vital Statistics in the State where the person was born or died.
- In cases of adoption, the degree of Indian blood of the natural (birth) parent must be proven.
- Please return your request and supporting documents to the Agency from whom you receive services. Incomplete requests will be returned with a request for further information. No action will be taken until the request is complete.

**BUREAU OF INDIAN AFFAIRS
REQUEST FOR CERTIFICATE OF DEGREE OF INDIAN OR ALASKA NATIVE BLOOD**

Requester's Name (list all names by which Requester is or has been known):	Requester's Address (including zip code):	Date Received by Bureau of Indian Affairs:
Requester's Date of Birth:	Paternal Grandfather's Name: Tribe: Roll No: DOB:	Paternal Great Grandfather's Name: Tribe: Roll No: DOB: Deceased/Year
Requester's Place of Birth:	Tribe: Roll No: DOB: Deceased/Year	Paternal Great Grandmother's Name: Tribe: Roll No: DOB: Deceased/Year
Is Requester Adopted? ☐ Yes ☐ No	Paternal Grandmother's Name: Tribe: Roll No: DOB: Deceased/Year	Paternal Great Grandfather's Name: Tribe: Roll No: DOB: Deceased/Year
Are Requester's Parents Adopted? ☐ Yes ☐ No	Tribe: Roll No: DOB: Deceased/Year	Paternal Great Grandmother's Name: Tribe: Roll No: DOB: Deceased/Year
If Yes, list natural (birth) parents: (If known)	Maternal Grandfather's Name: Tribe: Roll No: DOB: Deceased/Year	Maternal Great Grandfather's Name: Tribe: Roll No: DOB: Deceased/Year
Tribe(s) with which Requester is enrolled:	Tribe: Roll No: DOB: Deceased/Year	Maternal Great Grandmother's Name: Tribe: Roll No: DOB: Deceased/Year
Roll Nos:	Maternal Grandmother's Name: Tribe: Roll No: DOB: Deceased/Year	Maternal Great Grandfather's Name: Tribe: Roll No: DOB: Deceased/Year

SUBMIT TO: BIA AGENCY FROM WHOM YOU RECEIVE SERVICES

All BIA Agency Offices are listed in the [Tribal Leaders Directory](#).

If you need help with locating the BIA AGENCY FROM WHOM YOU RECEIVE SERVICES, please contact the Office of Indian Services at 202-513-7640.

NOTICES AND CERTIFICATION

NOTICE OF APPEAL RIGHTS.

- When you receive your CDIB, you must review it for the correct name spelling, birth dates, and blood degrees. If you believe that there are any mistakes on the CDIB, you must give a written request for corrections and provide supporting documentation to the issuing officer within 45 days (60 for Alaska tribes) of the date on the letter. If you fail to meet this deadline, appeal rights will be lost. If the issuing officer decides that corrections are not needed, he or she will send a written determination with an explanation through certified mail to you and provide you with a copy of the appeals procedures.
- If you are denied a CDIB, you will be given a written determination with an explanation for the denial and a copy of the appeal procedures.

PAPERWORK REDUCTION ACT STATEMENT

The information collection requirement contained in 25 CFR § 70.11 and this request have been approved by the Office of Management and Budget under the Paperwork Reduction Act of 1995, 44 U.S.C. 3507(d), and assigned clearance number 1076-0153. The agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Information is collected when individuals seek certification that they possess sufficient Indian blood to receive Federal program services based upon their status as American Indians or Alaska Natives. The information collected will be used to assist in determining eligibility of the individual to receive Federal program services. The information is supplied by a respondent to obtain a Certificate of Degree of Indian or Alaska Native Blood. It is estimated that responding to the request will take an average of 1.5 hours to complete. This includes the amount of time it takes to gather the information and fill out the form. If you wish to make comments on the burden imposed by the form, please send them to the Information Collection Clearance Officer, Office of Regulatory Affairs and Collaborative Action, Office of the Assistant Secretary - Indian Affairs, 1001 Indian School Road NW, Suite 229, Albuquerque, New Mexico 87104. **DO NOT SUBMIT YOUR CDIB REQUEST TO THIS ADDRESS;** you should instead submit your CDIB request to the BIA Agency from whom you receive services. Note: comments, names and addresses of commentators are available for public review during regular business hours. If you wish us to withhold this information, you must state this prominently at the beginning of your comment. We will honor your request to the extent allowable by law. In compliance with the Paperwork Reduction Act of 1995, as amended, the collection has been reviewed by the Office of Management and Budget, and assigned a number and expiration date. The number and expiration date are at the top right corner of the form.

PRIVACY ACT STATEMENT.

This information is collected pursuant to the Privacy Act, 5 U.S.C. 552a. Pursuant to system of record notice, Tribal Rolls, Interior, BIA-7 (42 FR 19038), the Bureau of Indian Affairs will not disclose any record containing such information without the written consent of the respondent unless the requestor uses the information to perform assigned duties. The primary use of this information is to certify that an individual possesses Indian blood to receive Federal program services. Examples of others who may request the information are U.S. Department of Justice or in a proceeding before a court or adjudicative body; Federal, state, local, or foreign law enforcement agency; Members of Congress; Department of Treasury to effect payment; a Federal agency for collecting a debt; and other Federal agencies to detect and eliminate fraud.

NOTICE OF EFFECTS OF NON-DISCLOSURE.

Disclosure of the information on this CDIB request is voluntary. However, proof of Indian blood is required to receive Federal program services.

NOTICE OF STATEMENTS AND SUBMISSIONS.

Falsification or misrepresentation of information provided on this request is punishable under Federal Law, 18 U.S.C. 1001. Conviction may result in a fine and/or imprisonment of not more than 5 years.

I request a CDIB, and certify that I have read the instructions, and above notices about my request for a CDIB. I further certify that the information which I have provided with this request to the Bureau of Indian Affairs is true and correct.

(Requester's signature)

(date)

SUBMIT TO: BIA AGENCY FROM WHOM YOU RECEIVE SERVICES

SECTION 4 – REQUIRED DOCUMENTS

The **Osage Nation Membership Office** requires specific documents to determine eligibility. The applicant is responsible for meeting the burden of proof and must provide all required documents as outlined by the Membership Office. In this application packet, the term Required Documents refers to both the Standard Required Documents and the Additional Required Documents if applicable. The **Standard Required Documents** must be submitted with every Membership Application. The **Additional Required Documents** are required only for certain circumstances and may not apply to every applicant.

STANDARD REQUIRED DOCUMENTS

1. Completed Membership Application
2. Original state-issued birth certificate
3. Copy of parent(s) marriage license or divorce decree, if applicable

Only state-issued birth certificates that are signed by the state registrar are accepted. Birth certificates must have state seal and state file number. Birth certificates may be obtained from the State Bureau of Vital Statistics in the state where the person was born. All original birth certificates will be returned via certified mail.

Copies of birth certificates will not be accepted. Hospital, county, or city birth certificates are not accepted.

SECTION 4 – REQUIRED DOCUMENTS CONTINUED

ADDITIONAL REQUIRED DOCUMENTS

In addition to the Standard Required Documents, the following documents must be submitted for certain applicants. *All of the requested documents must be originals. Copies will not be accepted.*

1. Paternity – Father Not Listed on Birth Certificate

- A **DNA or Genetic Marker Test** (obtained at the requester's sole expense) confirming with **at least 95% probability** that the claimed Osage father is the natural father of the applicant. DNA or genetic marker results **must be submitted along with** the final court order establishing paternity.
- A **paternity of acknowledgment** filed in a state or tribal court. We will also accept an acknowledgment of paternity filed in the Office of Vital Statistics or other state agencies authorized by law to receive acknowledgement of paternity in the state where the person was born.
- The **final court order** that contains findings in establishing paternity. The court issuing the order must have jurisdiction in a paternity determination, child support case, paternal rights termination, adoption, or other judicial proceedings in which the paternity is necessary.
- A **final decision by an Administrative Law Judge** in Indian Probate proceeding filed **under 43 C.F.R. Part 4**

2. Adoption

- **Birth certificate** listing the **biological Osage parent(s)**.
- **Birth certificate** listing the **adoptive parents**.
- **Final adoption decree** establishing **Osage parent(s)**.

If the **Final Decree** is unavailable or does **not establish the relationship**, one or more of the following documents may be accepted:

- Court documents under the **Indian Child Welfare Act** (25 U.S.C. §1951) identifying the natural parent(s)
- Certified copies of court records from the adoption case (e.g., **Consent to Adoption, Termination of Parental Rights**)
- A statement or letter from the court that issued the Final Decree identifying the natural parent(s) (as authorized by **ICWA, 25 U.S.C. §1917**)
- Certified court document identifying the adoptee by original name **plus** either:
 - State-issued birth record established at birth, **or**
 - Hospital birth certificate listing natural parent(s)

A CDIB AND MEMBERSHIP CARD CANNOT BE ISSUED TO A NON-OSAGE CHILD THAT IS ADOPTED BY AN OSAGE NATION MEMBER.

SECTION 5 – SUBMITTING ENROLLMENT APPLICATION

Applications must be submitted by **mail or delivered in person** to allow for verification of the applicant's original state-issued birth certificate. Applicants may also submit their **CDIB application** along with the Membership Application; in which case, the CDIB application will be processed immediately following the issuance of the Membership card.

SUBMITTING ENROLLMENT APPLICATION BY MAIL

The Enrollment Application and Required Documents can be mailed to the Membership Office.

If you choose to mail your Enrollment Application and original Required Documents, the Membership Office recommends that applicants follow these instructions:

1. Use the United States Postal Service (USPS)
 - a. USPS has federal guidelines and regulations they must follow.
 - b. Private shipping companies are not regulated in the same way USPS is.
2. Use a USPS service that provides a tracking number (priority mail, certified mail, priority express, etc.)
3. ALWAYS mail items to the Membership Office mailing address (listed on cover sheet)

SUBMITTING ENROLLMENT APPLICATION IN PERSON

The Enrollment Application and Required Documents can be submitted in person to the Membership Office. *Electronic submissions of any kind are not accepted.*

Original Required Documents will be authenticated and verified during your visit. After the Membership Office examines your original documents, the original documents will be returned to you at the conclusion of your visit.

Please contact the Membership Office by phone or email (contact info listed on cover sheet) for any other information regarding submitting Enrollment Applications in-person.

HOW ORIGINAL DOCUMENTS ARE RETURNED TO APPLICANT VIA MAIL

Original Required Documents will be returned to the applicant via **certified mail** once the Membership Office authenticates and verifies all original documents.

Please note that delivery times may vary due to USPS processing and delays beyond our control.

SECTION 6 – APPLICATION APPROVAL FLOW

Once your Enrollment Application and Required Documents are submitted to the Membership Office, the application is processed in the order it was received. Membership Office staff will conduct a thorough review to ensure that each applicant's information is accurate and correct.

The Enrollment Application will go through a 3-Step Verification Process, which follows Title 21, Membership Section 1-303, Rules 3 & 4 of the Osage Nation Code. The process is as follows:

1. Research Phase
2. Verification Phase
3. Notification Phase

APPLICATION APPROVAL FLOW DIAGRAM

The **RESEARCH PHASE** consists of a Membership/CDIB Technician receiving the application and assessing an applicant's eligibility. The technician researches the proof that the applicant is a lineal descendant of one or more persons listed on the final roll of the Osage Tribe of Indians, pursuant to the Act of June 28th, 1906 (34 Stat. 539). The records of each enrolled ancestor back to the Base Membership Roll must be consistent with the records of the applicant.



The **VERIFICATION PHASE** consists of the application packet moving on to the Director for verification and final approval.



The **NOTIFICATION PHASE** begins after final approval. Applications should be processed within six months of receipt, with applicants notified every sixty days of the status. A computerized database will assign the applicant a membership identification number. Applicants will be notified of their enrollment via U.S. mail. If an applicant is determined to be ineligible for membership, they will be notified by

Osage Nation
Membership Office
239 W. 12th ST.
Pawhuska, OK 74056
918-287-5389
CDIB@OSAGENATION-NSN.GOV



SECTION 7 – MEMBERSHIP APPLICATION

Please complete all sections on this form in **BLUE OR BLACK INK**. Do not leave any section blank or this form will be considered incomplete.

PLEASE DO NOT USE WHITEOUT.

GENERAL APPLICANT INFORMATION

NAME: _____
Last First Middle Maiden Name

DATE OF BIRTH: _____ WEIGHT: _____ HEIGHT: _____

SEX (CIRCLE ONE): M F | EYE COLOR (CIRCLE ONE): BRN BLU GRN GRY HAZ

HAIR COLOR (CIRCLE ONE): BLK BLN BRN RED GRY XXX

WERE THE PARENTS OF THE APPLICANT MARRIED AT THE TIME OF THE APPLICANT'S BIRTH?
(CIRCLE ONE): YES NO IF YES, PLEASE LIST THE DATE OF MARRIAGE: _____

PLEASE SUBMIT A COPY OF THE MARRIAGE LICENSE

IS THE APPLICANT ADOPTED (CIRCLE ONE)? YES NO

VETERAN (CIRCLE ONE): YES NO IF YES, PLEASE INCLUDE A COPY OF DD214

CONTACT INFORMATION

PHYSICAL ADDRESS: _____
Street Address Apt/Unit # City County State Zip Code

MAILING ADDRESS: _____
Street Address Apt/Unit # City County State Zip Code

PHONE: _____ EMAIL: _____

PHOTO AND SIGNATURE (REQUIRED FOR 18 & OVER)

Attach your **passport-style photo** (2 x 2 inches) on the box outline using a staple or paperclip AND applicant's signature below. **DO NOT FOLD.**

PHOTO TIPS

1. Submit one color photo
2. Must be taken in last 6 months
3. Use a clear image of your face
4. Do not alter image using computer software, phone apps or filters, or artificial intelligence
5. Have someone else take your photo. No selfies.
6. Take off your eyeglasses for your photo
7. Use a white or off-white background without shadows, texture, or lines

ATTACH PHOTO HERE

SIGN ABOVE

CERTIFICATION

By signing below, I certify that all information I provided is true and correct. I acknowledge that it is my responsibility to keep my contact information updated with the Osage Nation Membership Office. I also understand that I will be required to follow all instructions and requirements set forth by the Osage Nation, and the information I provide will be used to determine my eligibility for enrollment with the Osage Nation.

SIGNATURE OF APPLICANT OR PARENT/GUARDIAN DATE (MUST BE OVER 18 TO SIGN)

DATE

FOR OFFICE USE ONLY

RECEIVED VIA: WALK IN MAIL FAX MAIL

ISSUE DATE:

INITIALS OF TECH:

VERIFIED AND APPROVED BY:

RECEIVED



SECTION 8 - FAMILY HISTORY

(NEW MEMBERS ONLY)

OSAGE NATION
MEMBERSHIP OFFICE
239 W. 12TH ST
PAWHUSKA, OK 74056
918-287-5389
CDIB@OSAGENATION-NSN.GOV

Applicant Name: Last First M.I. Maiden Name
Date of Birth: _____
State of Birth: _____
Is applicant adopted? Yes () No ()

Father:

Tribe: _____
Date of Birth (DOB): _____
Year of Death (YOD): _____

Paternal Grandfather:

Tribe & Roll #: _____
DOB: _____ YOD: _____

Paternal Grandmother:

Tribe & Roll #: _____
DOB: _____ YOD: _____

Mother:

Tribe: _____
Date of Birth (DOB): _____
Year of Death (YOD): _____

Maternal Grandfather:

Tribe & Roll #: _____
DOB: _____ YOD: _____

Maternal Grandmother:

Tribe & Roll #: _____
DOB: _____ YOD: _____

Paternal Great-grandfather:

Tribe & Roll #: _____
DOB: _____ YOD: _____

Paternal Great-grandmother:

Tribe & Roll #: _____
DOB: _____ YOD: _____

Paternal Great-grandfather:

Tribe & Roll #: _____
DOB: _____ YOD: _____

Paternal Great-grandmother:

Tribe & Roll #: _____
DOB: _____ YOD: _____

Maternal Great-grandfather:

Tribe & Roll #: _____
DOB: _____ YOD: _____

Maternal Great-grandmother:

Tribe & Roll #: _____
DOB: _____ YOD: _____

Maternal Great-grandfather:

Tribe & Roll #: _____
DOB: _____ YOD: _____

Maternal Great-grandmother:

Tribe & Roll #: _____
DOB: _____ YOD: _____

*Incomplete applications will be returned
**Follow Indian blood lines only using maiden names for females
***Provide additional lineage on a separate sheet, if necessary

X _____
Signature of applicant, or parent or guardian of minor
(Indicate relationship if other than applicant)

Osage Nation
Membership Office
239 W. 12th ST.
Pawhuska, OK 74056
918-287-5389
CDIB@OSAGENATION-NSN.GOV



SECTION 9 – APPLICANT CHECKLIST

This checklist helps each applicant determine if they are ready to submit their Enrollment Application and Required Documents to the Membership Office. Please read each section carefully.

☐ **CDIB APPLICATION (SECTION 3, PAGES 3, 4, & 5)**

Each line on the Enrollment Application is filled out completely and correctly

☐ **ENROLLMENT APPLICATION (SECTION 7, PAGES 10, 11, & 12)**

Each line on the Enrollment Application is filled out completely and correctly.

☐ **REQUIRED DOCUMENTS (SECTION 4, PAGES 6 & 7)**

All Required Documents (birth certificate and copy of parent(s) marriage license or divorce decree [if applicable]) and any Additional Required Documents (paternity and/or adoption documentation) are included with the completed application.

☐ **SUBMIT ENROLLMENT APPLICATION AND REQUIRED DOCUMENTS**

Once all items are completed in this checklist then you are ready to submit your Enrollment Application to the Membership Office. Please review **SECTION 5, PAGE 8** for instructions on how to submit Enrollment Application and Required Documents.

SECTION 10 – FREQUENTLY ASKED QUESTIONS (FAQ'S)

WHAT IS A MEMBERSHIP ID CARD?

A Membership ID Card identifies you as a Member of the Osage Nation—a tribal citizen.

WHAT IS THE PURPOSE OF A MEMBERSHIP ID CARD?

The Membership ID Card may be used to verify eligibility for Osage Nation services and programs.

WHAT IS A CDIB CARD?

A CDIB card is a card that represents a Certificate of Degree of Indian Blood. It is an official U.S. document, issued by the Bureau of Indian Affairs (BIA), which certifies an individual has a specific degree of Native American blood of a federally recognized Indian tribe, band, nation, pueblo, village or community.

HOW MUCH DOES IT COST FOR A MEMBERSHIP ID CARD?

There is no cost for the initial card, however, a replacement for a lost, stolen, or expired card is \$20. We accept money orders, or cash.

WHAT HAPPENS WHEN MY MEMBERSHIP ID CARD EXPIRES?

If your card expires, you will need to visit the Membership/CDIB office in Pawhuska or scan the QR code on the Membership ID card which will take you directly to the Osage Nation Service Portal to update your photo and information. Members who live farther away will be able to follow the similar guidelines to obtaining a passport when submitting their photo and information.

You will not lose your status as a member; however, you may be denied services from the Osage Nation if your card is expired.

WHY IS THERE A QR CODE ON THE BACK OF THE MEMBERSHIP ID CARD?

The QR code, when scanned, will take you directly to the Osage Nation Service Portal, where you will be able to update your membership information or apply directly for additional services available.

IS THE MEMBERSHIP ID CARD A REAL ID?

No. Although the Membership ID Card features a photo, physical identifiers, and other information, it is not REAL ID compliant and therefore should not be used for that purpose. For more information on REAL ID, please visit www.tsa.gov or your state's driver's licensing agency website.

HOW LONG DOES IT TAKE TO PROCESS A MEMBERSHIP APPLICATION?

A complete Membership Application will take 24 to 48 hours to process.

HOW DO I NOTIFY THE MEMBERSHIP OFFICE OF THE DEATH OF A MEMBER?

The Membership Office is charged with maintaining a current and accurate Membership Roll. By completing and submitting the Notification of Death form to our office, you are greatly assisting us in this role.

Osage Nation
Membership Office
239 W. 12th ST.
Pawhuska, OK 74056
918-287-5389
CDIB@OSAGENATION-NSN.GOV



SCAN QR FOR ONLINE FORM VERSION:



CHANGE OF ADDRESS APPLICATION

APPLICANT INFORMATION

NAME: _____
Last First Middle Maiden Name

DATE OF BIRTH: _____

CONTACT INFORMATION

PHYSICAL ADDRESS: _____
Street Address Apt/Unit # City County State Zip Code

MAILING ADDRESS: _____
Street Address Apt/Unit # City County State Zip Code

PHONE: _____ EMAIL: _____

CERTIFICATION

By signing below, I certify that all information I provided is true and correct. I acknowledge that it is my responsibility to keep my contact information updated with the Osage Nation Membership Office. I also understand that I will be required to follow all instructions and requirements set forth by the Osage Nation, and the information I provide will be used to determine my eligibility for enrollment with the Osage Nation.

SIGNATURE OF APPLICANT OR PARENT/GUARDIAN (MUST BE OVER 18 TO SIGN)

DATE

FOR OFFICE USE ONLY

RECEIVED VIA: WALK IN MAIL FAX MAIL

ISSUE DATE: _____

INITIALS OF TECH: _____

VERIFIED AND APPROVED BY: _____

RECEIVED

Osage Nation
Membership Office
239 W. 12th ST.
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918-287-5389
CDIB@OSAGENATION-NSN.GOV



RELEASE OF INFORMATION

MUST SUBMIT A PHOTO ID OR SOCIAL IF MAILING OR FAXING IN APPLICATION.

PLEASE LIST
TYPE OF DOCUMENT: _____

RELEASE TO: _____

WHY: _____

APPLICANT INFORMATION

NAME: _____
Last First Middle Maiden Name

DATE OF BIRTH: _____

CONTACT INFORMATION

PHYSICAL ADDRESS: _____
Street Address Apt/Unit # City County State Zip Code

MAILING ADDRESS: _____
Street Address Apt/Unit # City County State Zip Code

PHONE: _____ EMAIL: _____

SIGNATURE OF APPLICANT OR PARENT/GUARDIAN (MUST BE OVER 18 TO SIGN) _____ DATE _____

FOR OFFICE USE ONLY

RECEIVED VIA: WALK IN MAIL FAX MAIL

ISSUE DATE: _____

INITIALS OF TECH: _____

VERIFIED AND APPROVED BY: _____

RECEIVED

Osage Nation
Membership Office
239 W. 12th ST.
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CDIB@OSAGENATION-NSN.GOV



NAME CHANGE REQUEST

CDIB CARDS MUST REMAIN IN MAIDEN NAME

For other name changes due to adoption or a legal name change, a legal document must be submitted with this request.

APPLICANT INFORMATION

CURRENT NAME: _____
Last First Middle Maiden Name

NEW NAME: _____
Last First Middle Maiden Name

DATE OF BIRTH: _____

CONTACT INFORMATION

PHYSICAL ADDRESS: _____
Street Address Apt/Unit # City County State Zip Code

MAILING ADDRESS: _____
Street Address Apt/Unit # City County State Zip Code

PHONE: _____ EMAIL: _____

SIGNATURE OF APPLICANT OR PARENT/GUARDIAN (MUST BE OVER 18 TO SIGN) _____ DATE _____

FOR OFFICE USE ONLY

RECEIVED VIA: WALK IN MAIL FAX MAIL
ISSUE DATE: _____
INITIALS OF TECH: _____
VERIFIED AND APPROVED BY: _____

RECEIVED

Osage Nation
Membership Office
239 W. 12th ST.
Pawhuska, OK 74056
918-287-5389
CDIB@OSAGENATION-NSN.GOV



ID REPLACEMENT APPLICATION

PLEASE CHECK CARD(S) NEEDING REPLACED:

- ☐ CDIB CARD – FREE
- ☐ NEW MEMBERSHIP CARD – FREE
- ☐ REPLACEMENT MEMBERSHIP CARD - \$20

CASH OR MONEY ORDER ONLY

APPLICANT INFORMATION

NAME: _____
Last First Middle Maiden Name

DATE OF BIRTH: _____ WEIGHT: _____ HEIGHT: _____

SEX (CIRCLE ONE): M F EYE COLOR (CIRCLE ONE): BRN BLU GRN GRY HAZ

HAIR COLOR (CIRCLE ONE): BLK BLN BRN RED GRY XXX

VETERAN (CIRCLE ONE): YES NO IF YES, PLEASE INCLUDE A COPY OF DD214

CONTACT INFORMATION

PHYSICAL ADDRESS: _____
Street Address Apt/Unit # City County State Zip Code

MAILING ADDRESS: _____
Street Address Apt/Unit # City County State Zip Code

PHONE: _____ EMAIL: _____

PHOTO AND SIGNATURE (REQUIRED FOR 18 & OVER)

Attach your **passport-style photo** (2 x 2 inches) on the box outline using a staple or paperclip AND applicant's signature below. *DO NOT FOLD.*

PHOTO TIPS

1. Submit one color photo
2. Must be taken in last 6 months
3. Use a clear image of your face
4. Do not alter image using computer software, phone apps or filters, or artificial intelligence
5. Have someone else take your photo. No selfies.
6. Take off your eyeglasses for your photo
7. Use a white or off-white background without shadows, texture, or lines

ATTACH PHOTO HERE

SIGN ABOVE

CERTIFICATION

By signing below, I certify that all information I provided is true and correct. I acknowledge that it is my responsibility to keep my contact information updated with the Osage Nation Membership Office. I also understand that I will be required to follow all instructions and requirements set forth by the Osage Nation, and the information I provide will be used to determine my eligibility for enrollment with the Osage Nation.

SIGNATURE OF APPLICANT OR PARENT/GUARDIAN DATE (MUST BE OVER 18 TO SIGN)

DATE

FOR OFFICE USE ONLY

RECEIVED VIA: WALK IN MAIL FAX MAIL

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RELINQUISHMENT APPLICATION

I, _____, born on _____ do
hereby request that my Membership # _____ in the Osage
Nation be terminated due to the following reasons:

I fully understand that once my membership is relinquished from the Osage Nation, I am eligible to reapply for Membership again ONE TIME only.

SIGNATURE OF APPLICANT OR PARENT/GUARDIAN (MUST BE OVER 18 TO SIGN)

DATE

Sworn to before me this _____ day of _____, 20____.

Notary Public _____ # _____

Commission Expires _____

FOR OFFICE USE ONLY

RECEIVED VIA: WALK IN MAIL FAX MAIL

ISSUE DATE: _____

INITIALS OF TECH: _____

VERIFIED AND APPROVED BY: _____

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Pawhuska, OK 74056
918-287-5389
CDIB@OSAGENATION-NSN.GOV



NOTIFICATION OF DEATH

MEMBER INFORMATION

NAME: _____
Last First Middle Maiden Name

DATE OF BIRTH: _____ MEMBER NUMBER: _____

Please attach or include the death certificate or its equivalent, or a notarized death affidavit. We cannot modify our records without one of these documents.

SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY

RECEIVED VIA: WALK IN MAIL FAX MAIL

ISSUE DATE: _____

INITIALS OF TECH: _____

VERIFIED AND APPROVED BY: _____

RECEIVED



WAYS TO CONNECT

Osage Nation Website: osagenation-nsn.gov

The Osage Nation Government website provides comprehensive information from all three branches of the Osage Nation government. The site also features information about the Osage Nation Minerals Council, as well as details on Osage Nation services, programs, departments, upcoming events, and news.

Osage Culture Website: osageculture.com

The site features educational tools in cultural and language education, including videos, a dictionary, and class information. Visitors planning to visit the Osage Nation Reservation can also find information about the Osage Nation Museum and Visitor's Center.

Osage Nation Social Media: Facebook, Instagram, YouTube, LinkedIn, TikTok

The Osage Nation uses various social media platforms to communicate with its constituents. Osages worldwide can stay connected with news, information, and culture and language highlights.

Wahzhazhe E-Newsletter

Constituents can sign up to receive eBlasts with important news and event information.

Text Communication

Wahzhazhe Communications now offers SMS messaging sign-up. You can receive updates via text on your smartphone.

New! Podcast

This podcast offers an additional way to gain insight into Osage Nation governance, culture, history, education, community events, and more.

Questions? Email communications@osagenation-nsn.gov



Scan QR to enroll in updates or visit
<https://www.osagenation-nsn.gov/services/communications>