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

APPLICATION FOR REPLACEMENT OF CDIB

Tam requesting another Certificate of Degree of Indian Blood (CDIB) for the following reason: PLEASE LIST			
Date of Birth:	Telephone ()	
Street Address or PO Box:			
City:	State:		ZIP:
Signature of A	pplicant or Guardian	Date	2:
PLEASE LIST YOUR PARENTS NAMES BELOW:		FORM OF IDENTIFICATION (COPIES)	
MOTHER:		 Driver's License Social Security Number (if no Driver's License) 	
FOR OFFICE USE ONLY			
Issued:			
Clerk			