



RETURN TO TRIBAL ENROLLMENT PO BOX 1498 WEWOKA OK 74884

Seminole Nation Voter Registration Form

New Registration Update

1. Last Name (Print)	First Name (Print)	Middle Name (Print)	Suffix(Jr.,Sr.,etc)	Phone Number - -
2. Maiden Name (print)	3. Birth Date Month Day Year		4. Social Security # - -	5. Tribal Band
6. Mailing address (Street address; Not PO Box)		City	State	Zip Code
7. Choose check the Precinct Location you will be voting at: <input type="checkbox"/> -#1 Sasakwa <input type="checkbox"/> -#2 Mekusukey <input type="checkbox"/> -#3 Strothers <input type="checkbox"/> -#4Oklahoma City <input type="checkbox"/> -#5 Tulsa				
8. Have you been registered before? <input type="checkbox"/> YES <input type="checkbox"/> NO If you marked yes, give as much information about your former registration as you can.				ENROLLMENT OFFICE USE ONLY Enrolled <input type="checkbox"/> YES <input type="checkbox"/> NO Band: _____ Verified By: Date: _____ Name: _____
Former Name (Please print full name, including maiden name if applicable)				
Former Address				
City	State	Zip Code		
9. Oath Note: Bring your Seminole Nation Enrollment when voting. I swear or affirm that: <ul style="list-style-type: none"> • The information above is true and correct to the best of my knowledge. • I affirm I am 18 years of age or older • I am not enrolled with any other federally recognized tribe. X _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Signature or Mark of Applicant Date </div>				
If someone helped you fill out this application, give name and address: Name: _____ Address: _____ City: _____ St: _____ Zip: _____				

Return the completed application to the Election Board Office located at the Mekusukey Mission (or via mail – see address above) or Enrollment office location at the Seminole Complex.