



**Kickapoo Tribe of Oklahoma**  
**Enrollment Department**  
 P.O. Box 70  
 McLoud, OK 74851  
 (405) 964-5418

**REQUEST FOR BLOOD DEGREE CHANGE**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

C.D.I.B. #: \_\_\_\_\_

D.O.B: \_\_\_\_\_

BLOOD QUANTUM: \_\_\_\_\_

**REASON FOR REQUEST:**

I am requesting to increase my blood quantum based on the fact that...

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**FORMS OF DOCUMENTATION:** Please attach any documents that will prove the need to change the blood quantum.

\_\_\_ Birth Certificate of Parents    \_\_\_ Copies of Parents CDIBs    \_\_\_ Other (Specify)

**IF THE BLOOD CORRECTION IS APPROVED:** List all of your children and grandchildren whose blood quantum will also be affected by this change.

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**FOR OFFICE USE ONLY:**

Submit to Business Committee for Approval: \_\_\_ Yes \_\_\_ No, send response on this request.

Date Approved: \_\_\_\_\_ Resolution #: \_\_\_\_\_