



**THLOPTHLOCCO TRIBAL TOWN  
TRIBAL ENROLLMENT OFFICE  
PO BOX 188  
OKEMAH, OK. 74859  
866-988-8696 ext. 107  
FAX (918) 623-3023**

I, \_\_\_\_\_, hereby authorize the release of my **CERTIFIED DEGREE OF INDIAN BLOOD (8X10)** document to Thlopthlocco Tribal Enrollment Office. I understand this confidential document contains personal information and also my ancestral lineage. This copy is for my personal file and no additional copies are to be released without my written consent.

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

**DATE OF BIRTH:** \_\_\_\_\_

**DEGREE OF BLOOD:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**I hereby relinquish the Muscogee (Creek) Nation Citizenship Board of any liability in the release of this confidential document by my signature below.**

\_\_\_\_\_  
**Signature** **Date**

\_\_\_\_\_  
**Attested by** **Date**