

The Muscogee (Creek) Nation of Oklahoma Citizenship Board

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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ hereby authorize the release of one copy of my Certificate Degree of Indian Blood (CDIB) 8X10 document. I understand this confidential document contains personal information and also my ancestral lineage. This copy is for my own personal use and no additional copies are to be released without my written consent.

Name: _____

Date of Birth: _____

Degree of Blood: _____

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I hereby relinquish the Citizenship Board Office of any liability in the release of this confidential document by my signature below.

Signature of Applicant

Date

Signature of Witness

Date