



**CHEROKEE NATION  
TRIBAL REGISTRATION  
P.O. BOX 948  
TAHLEQUAH, OK 74465**

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Email: [registration@cherokee.org](mailto:registration@cherokee.org)  
Web: [www.cherokee.org](http://www.cherokee.org)

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

**REPLACEMENT CARD REQUEST**

ADULTS: MUST SIGN OWN FORM IN "INK" AND PROVIDE A COPY OF IDENTIFICATION

MINORS: PARENT/AUTHORIZED AGENT/CUSTODIAL PARENT MAY REQUEST. ID REQUIRED

DUP CDIB: \_\_\_\_\_ DUP MEM: \_\_\_\_\_ ADD CHG: \_\_\_\_\_ IPL: \_\_\_\_\_ OTHER: \_\_\_\_\_ AMEND CDIB: \_\_\_\_\_  
(NAME/DOB/BQ)

\_\_\_\_\_  
LAST NAME FIRST MIDDLE MAIDEN

\_\_\_\_\_  
DATE OF BIRTH REGISTRY NUMBER TELEPHONE NUMBER SOCIAL SECURITY

PHYSICAL ADDRESS: \_\_\_\_\_  
ADDRESS CITY STATE ZIP

MAILING ADDRESS: \_\_\_\_\_  
ADDRESS CITY STATE ZIP

EMAIL ADDRESS: \_\_\_\_\_

NAME CHANGE: \_\_\_\_\_  
WAS NOW

Is the applicant legally represented, such as court appointed guardian, or under court ordered custody, such as divorce custody?

YES: \_\_\_\_\_ NO: \_\_\_\_\_ If so, submit legal documentation with this form.

\_\_\_\_\_  
SIGNATURE OF PERSON REQUESTING ( ) PERSON HIMSELF/HERSELF  
( ) PERSON MAKING REQUEST: \_\_\_\_\_  
( ) AUTHORIZED AGENT (Relationship)

EXPLAIN HOW TO AMEND YOUR CDIB HERE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

INTAKE CLERK: \_\_\_\_\_