TRIBAL REGISTRATION REQUEST FORM

ADULTS: MUST SIGN OWN FORM IN “INK” AND PROVIDE A COPY OF SIGNATURE ID REQUIRED

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

ADDRESS CHANGE AMENDMENT DUP CDIB DUP CITIZ IND PREF LTR MARRIAGE RELINQUISHMENT OTHER

LEGAL NAME: FIRST MIDDLE MAIDEN LAST

GENDER: FEMALE MALE X

DATE OF BIRTH CITIZENSHIP NUMBER TELEPHONE NUMBER SOCIAL SECURITY

PHYSICAL ADDRESS:

ADDRESS CITY STATE ZIP

MAILING ADDRESS:

ADDRESS CITY STATE ZIP

EMAIL ADDRESS:

NAME CHANGE: WAS NOW

IMPORTANT:

If the applicant is under 18, is he/she listed on any Court appointed record, such as guardianship, divorce custody, etc.?

YES: NO:

If YES, custody/legal documents will need to be submitted with this form.

SIGNATURE OF PERSON REQUESTING

( ) PERSON HIMSELF/HERSELF

( ) PERSON MAKING REQUEST:

( ) AUTHORIZED AGENT (Relationship)

Explain how to amend your CDIB here (if applicable):

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REVISED {06/2021}