

KLETSEL DEHE WINTUN NATION TRIBAL I.D. REQUEST FORM

INSTRUCTIONS FOR OBTAINING TRIBAL ID CARD

Complete the following information and return this form with an appropriate picture.

Return this form with a passport grade head and shoulders photo obtained from a U.S. post office or any business that provides this service like some chain pharmacy stores providing passport photo picture services. (You may email your passport photo if you prefer. Please include your full name with the attached photo) email photo & completed form to: info@kdown.org

Every item with a red asterisk * is required information.

*Name: _____

(Must be legal name on file in your enrollment file, if your name has changed, please submit the updated name with copies of legal documents attached recording the name change to the tribal office)

*Mailing Address: _____

(Optional) Email: _____

*Last four digits only of Social Security#: _____) *Phone: _____

(For security purposes only – will not be included on the ID card.)

ID CARD INFORMATION

*Primary Address: _____

*City: _____ *State: _____ *ZIP: _____

*GENDER: [] Male [] Female

*EYE COLOR: _____

*HEIGHT: _____

*WEIGHT: _____

*HAIR COLOR: _____

*DATE OF BIRTH: _____

ROLL NUMBER _____



*SIGNATURE EXAMPLE **BLACK INK ONLY**

WRITE INSIDE OF BOX LINE ONLY
USE A BLACK FELT TIP PEN ONLY