

**DELAWARE TRIBE OF INDIANS****Enrollment Department**

5100 Tuxedo Blvd.

Bartlesville, OK 74006

www.delawaretribe.org

918-337-6570 or 918-337-6583

Email: enrollment@delawaretribe.org

Fax: 918-337-6540

**Brad KillsCrow**
Chief**Tonya Anna**
Assistant Chief**REQUEST FOR REPLACEMENT/RENEWAL CARD**

Last Name	First Name	Middle Name	
Other Name(s) – indicate maiden		Date of Birth	Place of Birth
Street	City	State	Zip
County	Phone #	Phone #	
Email			
Gender	Social Security #	Other Indian Blood	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is applicant a veteran? If yes, please provide branch and years of service: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$10 Replacement Fee enclosed?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of driver's license or other photo ID enclosed?		

Please sign **both** the *signature line* verifying information and the *signature box* for the photo ID.

*In presence of
notary, applicant
(if 18 or over)
MUST SIGN
within box at right
using a black
sharpie for photo
ID*

REQUIRED:
Please attach a
current passport-size
photo here (if 18 or
over) with full name
written on back.
Photo will not be
returned.

*Signature of Applicant (if 18 or over)/Parent/Legal Guardian verifying above information.*State of _____ County of _____
Subscribed and sworn to before me this

____ day of _____, 20 ____.

Notary
My Commission Expires _____