



Brad KillsCrow
Chief

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



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*

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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 _____