

Absentee Shawnee Tribe of Oklahoma
Enrollment Office



Universal Tribal Member Form

REPLACEMENT (NO FEE)	REPLACEMENT (\$5.00 FEE) (CASH OR CARD ONLY)	NAME CHANGE (Please specify FEE or NO FEE)
<p style="text-align: center;">1st CDIB (Fee Waived)</p> <p style="text-align: center;">2nd CDIB (Fee Waived)</p> <p style="text-align: center;">3rd CDIB (Fee Waived)</p>	<p>Stolen</p> <p>Lost previous CDIB Card</p>	<p style="text-align: center;">Marriage (Marriage License-No photocopy)</p> <p style="text-align: center;">Divorce (Divorce Decree-No photocopy)</p> <p style="text-align: center;">Legal Name Change (Court Document)</p> <p style="text-align: center;">Adoption (Court Document)</p>
	<p>Other Reason: _____</p>	

[Tribal Members 12 TO 17 YRS OLD]

Please enclose a PASSPORT PHOTO of yourself as well as a copy of the State Driver's License or State ID of the parent/legal guardian that signed the replacement application.

(See Photo Criteria →)

(PHOTO REQUIRED WHEN THE NEW CDIB CARD IS FIRST ISSUED OR "CARD EXPIRED" DATE HAS EXPIRED)

[Tribal Members 18 YRS OLD AND ABOVE]

Please enclose a PASSPORT PHOTO of yourself as well as a copy of your State Driver's License or State ID.

(Photo Criteria: color, 2"x2", white background)

(NO Polaroid or Professional Photos)

(PHOTO REQUIRED WHEN THE NEW CDIB CARD IS FIRST ISSUED OR "CARD EXPIRED" DATE HAS EXPIRED)

Tribal Members Please give your Signature below (signature can't touch the lines)

Name (First, Middle, Last (Maiden):				
Date of Birth:		Social Security		
Number: Phone Number (Home/Cell):		Email(Optional):		
Address Changes	Physical Address (NO PO BOX)			
	City:	State:	Zip Code:	County:
Same As Physical Address	Mailing Address:			
	City:	State:	Zip Code:	County:
Height:	Weight:	Hair Color:	Eye Color:	
(REQUIRED) Signature: (if applicant's under the age of 18, need a Parent or Legal Guardian's Signature)				Date:
(REQUIRED) Print Name:				

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True Copy of Original Form of Identification(s)

Color copy the form of identification in this Box or attach color-copy to this Document

I, _____, (the adult applicant or parent/legal guardian of the applicant)
(Print Full Name)

affirm that the identification above or attached is a true and complete copy of the document which it purports to represent.

Signature: _____

Date: _____

NOTARY PUBLIC USE ONLY

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

NOTARY STAMP

My Commission Expires: _____