



**ABSSENTEE SHAWNEE TRIBE OF OKLAHOMA**  
**ENROLLMENT DEPARTMENT**  
2025 S. GORDON COOPER DR. SHAWNEE, OKLAHOMA 74801  
Phone (405) 275-4030 ♦ FAX (405) 716-6421

Instructions for Universal Form  
(To update or replace CDIB card)

1. Complete the Universal form in its entirety.
2. In the presence of a notary print, sign your name, and date on the last page. A color copy of your state ID or driver's license must accompany the form. \*If you do not have a state ID or driver's license please contact the Enrollment Office for a list of approved documents.\*
3. Obtain a photo of yourself. You can have a passport photo taken at Walgreens or have someone take a photo of you. If you choose to have someone take a photo for you please note the photo must be taken with a **white background, no hats or glasses**. \*You do not have to acquire a passport, if you already have a passport please do not make copies of that photo.\*
4. Mail the completed form, copy of your driver's license, and photo of yourself to the following address:  
Absentee Shawnee Tribe  
Enrollment Department  
2025 S Gordon Cooper Dr.  
Shawnee, OK 74801

-or- email to: [awebb@astribe.com](mailto:awebb@astribe.com) or [mmassey@astribe.com](mailto:mmassey@astribe.com) \*If you choose to email these items please scan them, we cannot accept photos of these items to update.

Incomplete forms or forms submitted with photos that do not follow criteria will not be processed and will be returned to the requestor.

Members are more than welcome to come into the Enrollment Office to update, please bring your driver's license or state ID.



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**UNIVERSAL FORM**

Replacement (No Fee)	Name Change (Document required-No Exceptions)	Office Use Only
<input type="checkbox"/> 1 <sup>st</sup> CDIB <input type="checkbox"/> 2 <sup>nd</sup> CDIB <input type="checkbox"/> 3 <sup>rd</sup> CDIB <hr/> <b>Replacement-\$5 fee paid to Finance</b> (4 <sup>th</sup> CDIB or more) <hr/> <input type="checkbox"/> 4 <sup>th</sup> or more _____	<input type="checkbox"/> <b>Marriage</b> (Marriage License)  <input type="checkbox"/> <b>Divorce</b> (Divorce Decree)  <input type="checkbox"/> <b>Legal Name Change</b> (Filed Order of Name Change)  <input type="checkbox"/> <b>Adoption</b> (Adoption Decree-Contact Enrollment Office)	CDIB #: _____  Date Received: _____  Employee Initials: _____
<b>TRIBAL MEMBERS 12-17 YEARS OLD:</b> Parent or Guardian, enclose <b>PASSPORT PHOTO</b> for minor along with a copy of your State Driver's License or State ID.	<b>TRIBAL MEMBERS 18 YEARS OLD AND ABOVE:</b> Please enclose a <b>PASSPORT PHOTO</b> of yourself as well as a copy of your State Driver's License or State ID.	<b>PHOTO CRITERIA:</b> Color passport photo, 2x2, white background. NO polaroid or Professional Photos. <b>PHOTO REQUIRED WHEN THE NEW CDIB CARD IS FIRST ISSUED OR IF THE CDIB CARD HAS EXPIRED.</b>
<b>SIGNATURE:</b> State ID, Driver's license, or Driver's permit holders must sign in box below. Signature <b>CAN NOT</b> touch the lines.		
<b>Name (First, Middle, Last):</b>		
<b>Date of Birth:</b>		<b>Social Security Number:</b>
<b>Telephone Number:</b>		<b>Email (Optional):</b>
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
		<b>County:</b>
<b>Members 18 +:</b>	<b>Height:</b>	<b>Weight:</b>
		<b>Hair Color:</b>
		<b>All Members:</b>
		<b>Eye color:</b>
<b>Print Name:</b> <small>(If applicant is a minor parent or legal guardian must print)</small>		<b>Date:</b>
<b>Signature:</b> <small>(If applicant is a minor parent or legal guardian must sign)</small>		



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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: \_\_\_\_\_

You must sign and date this form in front of a Notary Public.

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NOTARY PUBLIC USE ONLY

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

NOTARY STAMP

\_\_\_\_\_  
 Notary Public Signature

My Commission Expires: \_\_\_\_\_