



ABSSENTEE SHAWNEE TRIBE OF OKLAHOMA  
ENROLLMENT DEPARTMENT  
2025 S. GORDON COOPER DR. SHAWNEE, OKLAHOMA 74801  
Phone (405) 481-8650 ♦ Email: Enrollment@astribe.com

**Instructions for Universal Form**  
(To update or request a replacement CDIB card)

1. Complete the Universal form in its entirety.
2. The bottom portion of this form must be completed in the presence of a notary. This is to verify your identity if we cannot do so in office. 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 obtain a passport, if you already have a passport please do not make copies of the photo on your passport.\***
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: [Enrollment@astribe.com](mailto:Enrollment@astribe.com) **\*If you choose to email these items please scan them as an image or PDF, we cannot accept photos of these items.\***

**\*Forms that are faxed will not be accepted\***

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



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**UNIVERSAL FORM**

<b>**Members 18+: Signature required in box below**</b>					
Full Name:					
Date of Birth:			Social Security Number:		
Telephone Number:			Email (Optional):		
Address:					
City:		State:	Zip Code:		County:
Members 18 +:	Height:	Weight:	Hair Color:	All Members:	Eye color:
Print Name:					Date:
Signature:					

**STOP-THIS PORTION MUST BE COMPLETED IN THE PRESENCE OF A NOTARY-A COPY OF YOUR STATE ID OR DRIVER'S LICENSE MUST BE ATTACHED. INCOMPLETE APPLICATIONS WILL BE RETURNED.**

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 STAMP

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

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