

	Issue Date:								
	Date Card Mailed:								
IFICATION CARD									
		Suffix:							
_ Social									
		Zip:							
S	Eye Color:								
	(Name of pe								
	(Name of pe	erson in photo)							
		much of the box as ortant as this will be							
(*Pleas	se complete below)								
(1 1001	se complete selett)								
	_								
UIRED	ı								

Full Legal Name:					Suffix:		
Enrollment Number:	Date of Birth: S			cial Security Number:			
Physical Address:							
Height: feet inch	nes	Weight:	pounds	Eye Color:			
I declare that the digital photo submit	tted with th	is affidavit is a	true photo of: _	(Name of name	an in whata)		
				(Name of pers	on in photo)		
Tribal Member Signature							
Sign your name in black ink within the possible, but not touch or cross the bused to digitize your signature to be of	orders of t	he box. The si	ze and clarity of	your signature is impor			
Affidavit Signed By:							
Self*Parent	*Legal Gu	ıardian	*Sponsor (*Ple	ease complete below)			
Printed Name of Person Signing:							
	NO	ΓARIZATI(ON REQUIRE	E D			
STATE OF							
COUNTY OF							
Subscribed and sworn to before me o				20			
(STAMP/SEAL)		Notary Sign	ature				
		Notary Printed Name:					
		My Commis	sion Expires:				