

**REQUEST FOR TRIBAL IDENTIFICATION CARD**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
                    P. O. Box #                      City                      State                      Zip

**Phone No:** \_\_\_\_\_

**Tribal Roll Number:** \_\_\_\_\_

**Blood Degree:** \_\_\_\_\_

**Social Security No:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Sex: Male:** \_\_\_\_\_ **Female:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_

**Eye Color:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**I declare under penalty of perjury that I am a Hoopa Tribal Member and the above information is true and correct.**

**I understand that the I.D. that I receive will be presented to me free of charge as one of the benefits of being on the Hoopa Tribal Roll. However, for every duplicate that I receive I will be charged a fee of \$10.00.**

**Signed:** \_\_\_\_\_  
(if under 18 parent or guardian)