



Tsistsistas & Hinónóéi | Cheyenne and Arapaho Tribes

## Department of Enrollment

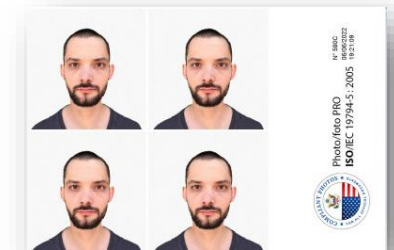
100 Red Moon Circle . PO Box 134 . Concho OK 73022  
Phone (405) 422-7600 . Toll Free: (800) 247-4612 x27600 . Fax (405) 422-8238  
Email: Enrollment\_Dist@cheyenneandarapaho-nsn.gov

# Tribal ID Mail-in Verification Process Notice

The Department of Enrollment has implemented a verification process when issuing the Real ID-compliant tribal identification cards to Cheyenne and Arapaho Tribal Members through the mail.

This process will allow the Department of Enrollment to thoroughly and accurately identify Cheyenne and Arapaho Tribal Members, and provide an additional method to protect tribal member's information to avoid identity theft.

Cheyenne and Arapaho Tribal Members are required to send in a color photocopy of their valid state issued ID or valid state driver's license. **The ID cannot be expired.** Also required is a **passport photo**. Tribal members must fill out and complete the attached "Request for Tribal ID" form and send it back to our office with a \$20.00 MONEY ORDER.



**Please make the Money Order out to:**  
**Cheyenne and Arapaho Tribes**  
**Department of Enrollment**  
**PO Box 134**  
**Concho, OK 73022**

**WE WILL NOT ACCEPT AN EXPIRED ID OR PHOTOCOPIES OF YOUR IMAGE. NO EXCEPTIONS.**

Should you have any questions or concerns, please do not hesitate to contact the Department of Enrollment directly at 405-422-7600.

Mail Completed Form to: Cheyenne and Arapaho Tribes | Department of Enrollment | P.O. Box 134 | Concho, OK 73022  
Questions? Call us at (405) 422-7600



Department of Enrollment

# Request for Tribal ID Card

### WITH THIS APPLICATION, PLEASE ATTACH THE FOLLOWING:

- **COLOR PHOTOCOPY OF YOUR NON-EXPIRED STATE ISSUED ID OR DRIVER'S LICENSE**
- **PASSPORT PHOTOGRAPH**
- **\$20.00 MONEY ORDER**

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ SUFFIX \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GENDER  MALE  FEMALE **2801A** \_\_\_\_\_

TRIBAL ENROLLMENT # \_\_\_\_\_

MAILING ADDRESS or PHYSICAL ADDRESS (This must be the address listed in our database.) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## PHYSICAL CHARACTERISTICS

HEIGHT _____	<b>NATURAL HAIR COLOR</b>		<b>NATURAL EYE COLOR</b>	
	<input type="checkbox"/> Black	<input type="checkbox"/> Blonde	<input type="checkbox"/> Brown	<input type="checkbox"/> Blue
	<input type="checkbox"/> Brown	<input type="checkbox"/> White	<input type="checkbox"/> Green	<input type="checkbox"/> Hazel
	<input type="checkbox"/> Red	<input type="checkbox"/> Gray		
WEIGHT _____	<input type="checkbox"/> Brown	<input type="checkbox"/> Sandy		

### SIGNATURE

Sign using a black fine tip marker i.e. Sharpie. Sign at least 2 times in front of a notary.

I, \_\_\_\_\_, (the adult applicant or legal guardian of the applicant) affirm  
 PRINT FULL NAME  
 that the identification attached is a true and complete copy of the document which it purports to represent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

#### THIS BOX IS FOR NOTARY USE ONLY - ID IS REQUIRED FOR NOTARIZATION

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

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

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

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