



SHINGLE SPRINGS BAND MIWOK

(Verona) Tract, California

ENROLLMENT DEPARTMENT
 5168 Honpie Road Placerville, CA 95667
 P.O. Box 1340, Shingle Springs CA 95682
 (530) 698-1400 Office; (530) 676-6282 Fax

The purpose of this form is to ensure accurate Tribal Identification Card information for the purpose of printing a new card.

Tribal Identification Card will be handled and delivered by Request Authorizing Party

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name	Suffix	Enrollment Number
<input type="checkbox"/> My information on File is correct and request those details to be used for printing my tribal Identification Card <input type="checkbox"/> My information on file is outdated and request that my file be updated with the information below and be used for printing my Tribal Identification Card				
Tribal Members Details		Physical (Residential) Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Birth Date (MM/DD/YYYY)	Weight	Street		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hair Color	Eye Color	City	State	Zip Code
<input type="text"/>	<input type="text"/>	Mailing Address		
Gender	Height	<input type="checkbox"/> My mailing address is the same as my physical address indicated above		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
		City	State	Zip Code
I certify that the above details are true and correct and request the information be printed on my Tribal Identification Card.				
Tribal Member Signature _____		_____		
Signature		Date		

DO NOT WRITE BELOW THIS LINE

Card to be issued in person at time of visit Card to be issued in person at later date Card to be mailed to the above physical address Card to be mailed to the above mailing address

Authorizing Party Notes

Enrollment Department Signature _____
 Authorizing ID Print Signature Date

Enrollment Department Signature _____
 Authorizing ID Print Signature Date

A copy of the Tribal Identification Card must be included with this finalized document.

Printer Operator _____
 Signature Date



SHINGLE SPRINGS BAND MIWOK INDIANS
 (Verona) Tract, CA 95667
Enrollment Department
 5168 Honpie Road Placerville, CA 95667
 P.O. Box 1340, Shingle Springs CA 95682
 (530) 698-1450 — (530) 683-7889

TRIBAL IDENTIFICATION CARD REQUEST FORM

Please print clearly in blue or black ink

INSTRUCTIONS: If you are not able to come into the enrollment office to have your Tribal ID issued in person, you can order it by submitting the forms enclosed. If there is no photo/signature on file or your photo is over twelve (12) months old, you will need to send a photo taken within the last six months to reflect your current appearance. **Photo:** Passport photo is required. **Verification:** Submit a color copy of your State Issued ID to confirm your identity. **Signature:** Sign within the box below in front of a notary as this will be used on your ID card.

DATE _____

Relationship to Tribal Member: Self Parent Guardian of Minor* Guardian of Adult*

*Attach court or other legal documentation to show Guardianship/Power of Attorney

NOTARY ALL PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of State of California

County of _____

On _____ before me, _____ (notary) personally appeared

on the basis of satisfactory evidence to be the person(s) whose name(s) **is/are** subscribed to the within instrument and acknowledged to me that **he/she/they** executed the same in **his/her/their** authorized capacity (ies), and that by **his/her/their** signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)