

Cheyenne & Arapaho Tribes
DEPARTMENT OF ENROLLMENT
P.O. Box 134
Concho, OK 73022
Phone: (405) 422.7600
Toll Free: (800) 247.4612 Ext 27600
Fax: (405) 422.8238

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Preserving the future

Tribal ID Mail-in Verification Process Notice

The Cheyenne and Arapaho Tribes, Department of Enrollment has implemented a verification process when issuing 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 and to avoid identity theft.

Cheyenne and Arapaho Tribal Members are required to send in a colored photocopy of their NON-EXPIRED state issued ID or NON-EXPIRED state Driver's License. Tribal members must also fill out and complete the attached "Request for Tribal ID" form and send it back to our office with a \$10.00 MONEY ORDER.

Please make the Money Order out to

**Cheyenne and Arapaho Tribes
Department of Enrollment
PO Box 134
Concho, OK 73022**

We can only accept non-expired state issued ID's or non-expired state Driver's licenses. No exception.

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

Respectfully,

The Department of Enrollment



Request for Tribal ID Card

PLEASE ATTACH A COLORED PHOTOCOPY OF YOUR NON-EXPIRED STATE ISSUED ID OR DRIVER'S LICENSE.

First Name:	Middle Name:	Last Name:	Suffix:
Date of birth:		Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
Mailing Address or Physical Address (This address must be listed in our database):			
City:	State:	Zip:	

******ATTACH \$10.00 MONEY ORDER TO THIS FORM******

VITALS

Height: _____ Weight: _____

Natural Hair Color: BLACK BLONDE Natural Eye Color: BROWN BLUE
 BROWN GRAY GREEN HAZEL
 RED SANDY
 WHITE

WRITE YOUR SIGNATURE 4 TIMES IN THIS BOX WITH A BLACK PERMANENT MARKER

I _____, (the adult applicant or parent/legal guardian of the applicant) (Print Full Name) affirm 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 – I.D. is REQUIRED for notarization

State of: _____

County of: _____

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

Notary Public

For any questions or concerns, please contact the Cheyenne & Arapaho Tribes, Department of Enrollment at: (405) 422-7600

PLEASE MAIL COMPLETED FORM TO:
CHEYENNE & ARAPAHO TRIBES
DEPARTMENT OF ENROLLMENT
PO BOX 134
CONCHO, OK 73022