



# Gila River Indian Community

Sacaton, AZ 85147

ENROLLMENT/CENSUS DEPARTMENT  
POST OFFICE BOX 97  
PHONE: (520) 562-9790  
FAX: (520) 562-9796  
(520) 562-9797

## ENROLLMENT SERVICES TRIBAL IDENTIFICATION CARD FORM

Full Name: \_\_\_\_\_ GRID #: \_\_\_\_\_

Maiden, Alias: \_\_\_\_\_ DOB: \_\_\_\_\_

### Delivery Options

Pick Up

Certified Mail

\*Mail to:

\_\_\_\_\_ Name

\_\_\_\_\_ Address

City State Zip Code

( ) - \_\_\_\_\_

Contact Number

I understand that this tribal identification card issued to me will be used to verify my enrollment as a member of the Gila River Indian Community and should this card be lost, stolen or damaged there will be an \$8.00 charge.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_ Date

Parent/Guardian Signature

(If under 18 years of age)

\_\_\_\_\_ Date

### FORM MUST BE NOTARIZED IF MAILED OR FAXED

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
by \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Notary Public

1<sup>st</sup> Tribal ID  Yes  No

OFFICE USE ONLY

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_