



# Gila River Indian Community

Sacaton, Arizona 85147

Enrollment/Census Department  
Post Office Box 97  
Phone: (520) 562-9790  
Fax: (520) 562-8103

## Tribal Identification Card Request Form

Name: \_\_\_\_\_ GRID # \_\_\_\_\_ DOB: \_\_\_\_\_  
(Please Print Name)

DELIVERY OPTIONS:  Pick Up  Certified Mail

MAIL TO: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Contact Number: ( ) - \_\_\_\_\_

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

\_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date  
(Required if applicant is under 18 years of age.)

### NOTARIZATION IS REQUIRED IF MAILED, FAXED OR SUBMITTED BY A THIRD PARTY

NOTARY PUBLIC: (FOR PRINCIPAL IDENTITY VERIFICATION)

State of: \_\_\_\_\_ )

County of: \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, before me personally appeared, [name of signer], whose identity was proven to me on the basis of satisfactory evidence to be the person whose name, is subscribed to this document, and who acknowledges that he/she signed the above Tribal ID Request form as the principal.

(seal)

\_\_\_\_\_  
Notary Public (Notary Signature)  
My commission expires \_\_\_\_\_

### Enrollment Office Use Only

1st Tribal ID:  YES  NO  Tribal ID fee waived

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_