



# 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 #: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
(Please Print Name)

**DELIVERY OPTIONS:**

☐

Pick Up

☐

Certified Mail

\* MAIL TO:

Name: \_\_\_\_\_

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

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

Phone 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 replacement fee.

**Member Signature**

*(Required if member is 5+ years old)*

\_\_\_\_\_ Date

**\*\*If member is 3-4 years old:**

Do you wish to have a photo taken of your minor child?

☐

YES

☐

NO

\_\_\_\_\_ **Parent/Guardian Signature**

*(Required if member is under 18 years of age)*

\_\_\_\_\_ Date

**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 ☐ Fee Waived ☐ 4-year Replacement

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

Date: \_\_\_\_\_

Entered Into Progeny: \_\_\_\_\_

Date: \_\_\_\_\_