



# Application for Delaware Tribe of Indians Membership Verification Card

First card is free of charge, Replacement cards will cost \$10.00

For Inquiries Please call 918-337-6590

Name \_\_\_\_\_  
first middle last maiden

Address \_\_\_\_\_

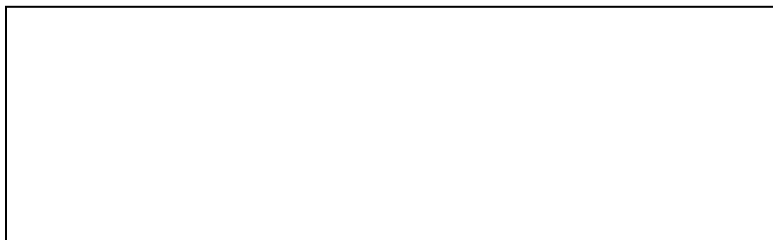
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_ M \_\_\_\_ F Social Security # \_\_\_\_\_

Tribal Identification Number \_\_\_\_\_ Email Address \_\_\_\_\_

Veteran \_\_\_\_ Y \_\_\_\_ N If yes, Branch of Service \_\_\_\_\_

\* Due to identity theft issues, a photocopy of another current photo ID  
(Example: passport, driver's license or state issued ID card) **MUST** be  
submitted with this application.



In presence of a notary public sign above within the defined area  
using a felt tip pen or fine black sharpie if possible.

If Photo ID requested please  
include current passport photo.  
Photo will not be returned.

Minors only may opt for no  
photo. ☐

Check for no photo

*\*Special rules apply to members whom are under age 18. Please contact the enrollment department for details  
before submitting this application.\**

- 1.) COMPLETE all fields of this application. **Incomplete applications** will not be processed.
- 2.) ATTACH copies of other appropriate forms of identification and current photo (Details listed above) with your full name written on back of photo.
- 3.) NOTARIZE Signing of this application must be witnessed by a notary public. If applicant is under the age of 18, special rules apply please contact the enrollment department.

\_\_\_\_\_  
(Printed name and signature of authorized guardian of above minor) Date

- 4.) MAIL application and documentation to:

Delaware Tribe of Indians – ID Office \* 5100 Tuxedo Blvd\* Bartlesville, OK 74006

-----to be completed by notary public-----

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
\_\_\_\_\_, proved to be on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Public Signature \_\_\_\_\_

My Commission Expires \_\_\_\_\_ Commission # \_\_\_\_\_