

Caddo Nation Tribal Enrollment

P.O. Box 487
Binger, Oklahoma 73009
Telephone: (405)656-2344 Ext. 206, 221, 257
Tribal Enrollment Fax: (405)656-2551
Tribal Office Fax: (405) 656-2892

FOR DEPARTMENT USE ONLY:

Roll #: _____ Blood Degree: _____
M.O. / C.C. #: _____
Receipt #: _____
Amount: \$ _____ First Time Card is Free
ID Verified: _____ Type: _____

REQUEST FORM

Item(s) Requested: (Please Check)

- C.D.I.B – Certificate of Indian Blood (Paper form)
- Membership Card (Paper Card)
- Membership I.D. with Photo
- Photo I.D. Card (State Certified – Secondary I.D.)
- Firefighter I.D. Card: Red Blue Yellow
- Hunting & Fishing License (WCD Lands Only)
- Other: _____

Type of Update: (Please Check)

- Address Change - Update
 - Name Change
(Is Legal Documentation Attached)
 Yes No
- Documents: _____

****We cannot release information on a tribal member 18 years or older, they need to fill out their own request form. We will need a Copy of Identification for Verification to release any information.****

PERSON MAKING REQUEST: _____
 Self Relationship to Minor: _____

NAME OF TRIBAL MEMBER: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

TRIBAL ROLL NUMBER: _____

PHONE NUMBER: _____

ARE YOU A VETERAN? YES NO

BRANCH: _____ YEAR: _____

ARE YOU A REGISTERED TRIBAL VOTER: YES NO *DISTRICT: _____

(PLEASE PRINT)

CURRENT MAILING ADDRESS: _____

WOULD YOU LIKE FOR THE ENROLLMENT DEPT. TO SHARE YOUR CURRENT MAILING ADDRESS WITH OTHER CADDO TRIBAL PROGRAMS: (Check Box)

Tribal Newsletter Election Board Other Program: _____

NO, PLEASE DO NOT SHARE ANY OF MY INFORMATION.

PLEASE SIGN: _____

DATE: _____