



Issue Date: _____
 Expire Date: _____

TRIBAL ID CARD FORM

All fields must be completed.

Tribal Member Information

Full Legal Name:		SSN Number:	
Maiden/Other Name:		Date of Birth:	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Height (Ft./In.):	
Eye Color:		Weight (LBS):	
Contact Information (Physical address must be printed on card)			
Email Address:		Phone Number:	
Mailing Address:			
Physical Address:			
City:		State:	Zip:

Signature and Notarization

Sign in **black ink** in the box below. Please use a **black felt-tip pen**. Do not write on or outside the lines.

Verification of Identity Section – must be completed by an ACSPI Tribal Rep or Notary

State of _____
 Judicial District (or County of _____
 Or Municipality of _____

(SEAL/STAMP)

The foregoing instrument was acknowledged before me this _____ (date) by _____
 (name of person who acknowledged).

 Signature of Person Taking Acknowledgement
 Title or Rank
 Serial Number, if any

My Commission Expires: _____

NOTE: Parents or legal guardians may sign on behalf of their minor children. Responsible adult tribal members may sign on behalf of handicapped and/or mentally incompetent persons. A digital passport-type photo in .JPEG file format must be submitted with this form. Visit www.aleut.com/enrollment/ for digital photo requirements. Submit form and photo to: tribalenrollment@aleut.com.