## Kiowa Tribe Enrollment Department



P.O. Box 369 Carnegie, OK 73015 Phone: (580) 654-6327 Fax: (580) 654-2527 enroll@kiowatribe.org

## **REQUEST FOR INFORMATION**

FIRST NAME		MIDDLE NAME SSN:		LAST NAME	Jr. Sr.
				ENROLLMENT #:	
Phone #:				Cell Home	Message
				AIL CONTACT INFORMAT NEEDS TO BE SENT **	Γ <mark>ΙΟΝ</mark>
	Address			Attn:	
	City	State	Zip Code	Email:	
CDI  A m  1 <sup>st</sup> F  Birt  Soc  Fam	Picture ID Car h Certificate - ial Security Ca nily Tree File -	<b>cashier's check</b> d= <b>FREE Repl</b> a - File Copy ard - File Copy	acement Card	e <u>r replacement CDIB Pict</u> = \$15.00 Elders 65 & Ol	
SIGNATURE:				DATE:	
**A COPY OF	YOUR PHOTO	ID MUST BE S	UBMITTED WI	TH REQUEST FOR INFOR	MATION**
1st Card Fr M.O./C.C.#	ee:		CE USE ONLY	Roll #	i
Date :				Staff Initials:	