



PHOTO ID TRIBAL CITIZEN CARD FOR CITIZENS UNDER 18

Full Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone # _____ Date of Birth _____ Social Security # ____/____/____
(Citizen's Name)

I declare that I am the Parent/Legal Guardian of _____.

Signature of Parent/Legal Guardian _____.

Signature of Child: _____

Attach passport photo here

For Office Use Only

Full Name _____

Roll Number _____

Date of Birth _____

Blood Degree _____

Application Taken By _____

Issue Date _____

Approved By _____