



**CHEROKEE NATION
TRIBAL REGISTRATION
P.O. BOX 948
TAHLEQUAH, OK 74465**

Phone: (918) 458-6980 Fax: (918) 458-7617
Email: registration@cherokee.org
Web: www.cherokee.org

DATE: _____

REPLACEMENT CARD REQUEST

ADULTS: MUST SIGN OWN FORM IN "INK" AND PROVIDE A COPY OF IDENTIFICATION

MINORS: PARENT/AUTHORIZED AGENT/CUSTODIAL PARENT MAY REQUEST. ID REQUIRED

DUP CDIB: _____ DUP MEM: _____ ADD CHG: _____ IPL: _____ OTHER: _____ AMEND CDIB: _____
(NAME/DOB/BQ)

LAST NAME	FIRST	MIDDLE	MAIDEN
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DATE OF BIRTH	REGISTRY NUMBER	TELEPHONE NUMBER	SOCIAL SECURITY
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PHYSICAL ADDRESS: _____

ADDRESS	CITY	STATE	ZIP
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MAILING ADDRESS: _____

ADDRESS	CITY	STATE	ZIP
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NAME CHANGE: _____

WAS	NOW
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Is the applicant legally represented, such as court appointed guardian, or under court ordered custody, such as divorce custody?

YES: _____ NO: _____ If so, submit legal documentation with this form.

SIGNATURE OF PERSON REQUESTING	()	PERSON HIMSELF/HERSELF
	()	PERSON MAKING REQUEST: _____
	()	AUTHORIZED AGENT (Relationship)

EXPLAIN HOW TO AMEND YOUR CDIB HERE: _____
