

Shoshone-Bannock Tribes
Enrollment Department
Identification Card Form

Today's Date: _____

Enrollment # _____

Name: _____
(First Name) (Last Name) (Maiden Name)

Marital Status: _____
___ Single ___ Married ___ Divorced ___ Widowed ___ Minor

Head of Household
___ Yes ___ No

Height: _____ Weight: _____ Date of Birth: _____

CONTACT INFORMATION: CHANGE OF ADDRESS NEEDS TO BE ATTACHED FOR UPDATE

- Current Mailing Address: _____
- School Address: _____
- Military address: _____
- Current Phone Number: (____) _____

Email address: _____

Resident of the Reservation ___ Yes ___ No

Physical Residence (Road you live on & nearest cross road): _____

Length of time at Physical Residence: ___ Years ___ Months

Are you Registered to Vote with the Shoshone-Bannock Tribes? ___ Yes ___ No

What District to you reside in: ___ Fort Hall ___ Gibson ___ Ross Fork
___ Bannock Creek ___ Lincoln Creek

Names of those in the same Physical Household (residence):

SIGNATURE: _____

OFFICE USE ONLY

Receipt # _____ Original ID _____ Dup#1 _____ Dup#2 _____ Dup#3 _____ Replacement _____