



**Confederated Tribes of Siletz Indians
Enrollment Department**

201 SE Swan Ave
PO Box 549
Siletz, Oregon 97380-0549
Telephone: (541)444-8258 • Toll Free: (800) 922-1399 ext. 1258
E-Mail: angelar@ctsi.nsn.us

- Enrollment Staff Use -
Rec'd: _____
By: _____
Entered: _____
By: _____

Siletz Tribal Identification (ID) Request

Please print clearly in blue or black ink

INSTRUCTIONS: If you are not able to come into the Enrollment office to have your Tribal ID issued in person, you can order it by submitting this form. If there is no photo/signature on file or your photo on file is over twelve (12) months old, complete this form to order a Siletz Tribal ID to be issued and it will be sent to you via Certified mail.

Siletz Tribal Member: _____ Roll#: _____

- 1. **Updated Address:** Submit an "Address & Contact Information Update" form
- 2. **Height:** _____ feet _____ inches **Weight:** _____ pounds
- 3. **Digital Photo Specifications:** Email to "angelar@ctsi.nsn.us"
 - a. In color, no filters and clearly focused
 - b. Plain white or off-white background
 - c. Taken within the last six-months to reflect your current appearance
 - d. Taken in full-face view directly facing the camera, no shadows on your face
 - e. Both eyes open, neutral/smiling facial expression, no hats
 - f. No sunglasses (even if tinted prescription glasses)
 - g. Glare on clear glasses is not acceptable. Glare can be avoided by slight downward tilt of glasses, turning off the flash or removing the glasses.
- 4. **Photo Verification:** Submit a color copy of your State issued ID to confirm your identity
- 5. **Signature:** Sign within the box in front of a notary as this is what will be used on your ID card

_____ Date

Relationship to Tribal Member: Self Parent Guardian of Minor* Guardian of Adult*
*Attach court or other legal documentation to show Guardianship/Power of Attorney

REQUIRED NOTARIZATION FOR SIGNATURE VERIFICATION

STATE OF _____

COUNTY OF _____

This instrument was acknowledged before me on _____ (date) by
_____ (name of person).

Notary Public:

Print Name: _____

My Commission Expires: _____