FORM # ENROLL-008



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: <u>EnrollmentDepartment@ctsi.nsn.us</u>

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

Siletz Tribal Identification (ID) Request Please print clearly in blue or black ink

INSTRUCTIONS : Complete this form. If you are not able to come into the Enrollment Department or Tribal Area Office to have your Tribal ID issued in person, you can order it by submitting this form and follow the steps in #3. Email this request with proof of identification to the Enrollment Department. Your Siletz Tribal ID will be sent to you via Priority mail with a tracking number.			
Siletz Tribal Member:		Roll#:	
1. Updated Address: Submit an "Address & Contact Information Update" form			
 2. Height: feet inches 3. Digital Photo Specifications: Email to a. In color, no filters and clearly foct b. Plain white or off-white backgrout. Taken within the last six-months. d. Taken in full-face view directly fate. Both eyes open, neutral/smiling for the sunglasses (even if tinted present growth). Glare on clear glasses is not acceptable. 	to "EnrollmentDepartment@oused nd to reflect your current appe cing the camera, no shadow facial expression, no hats scription glasses) ceptable. Glare can be avoid	ctsi.nsn.us" arance vs on your face	
 ☐ 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 			
Relationship to Tribal Member: Self		Date	
Guardian of Minor* Guardian of Adult* *Attach court or other legal documentation to show Guardianship/Power of Attorney			
Enrollment Staff Use only			
Verification:		Staff Initials:	
☐State issued ID	☐Previous Tribal ID	Passport	
☐Enrollment Pic on file	☐Social Security card	☐Birth Certificate	
Staff recognizes Tribal Member	Other:		