



Wyandotte Nation  
Enrollment Department  
Tribal ID Replacement Request

If minor- to be completed by parent/legal guardian only

DATE: \_\_\_\_\_

TRIBAL MEMBER \_\_\_\_\_  
First Middle Maiden Last

MAILING ADDRESS: \_\_\_\_\_

City State Zip Code

PHYSICAL ADDRESS: \_\_\_\_\_

City State Zip Code

DATE OF BIRTH \_\_\_\_\_ ROLL NUMBER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

I am requesting a duplicate membership card for the following reason(s):  LOST  EXPIRED  NAME CHANGE (MUST FILL OUT NAME CHANGE FORM)

18 YEARS OR OLDER ONLY  
ATTACH 2X2 PASSPORT PHOTO HERE IF YOU WOULD LIKE A PHOTO ID

SIGNATURE (PLEASE SIGN WITH HEAVY BLACK PEN OR SHARPIE)

By signing you declare that you are a citizen of the Wyandotte Nation, that the statements made on this application are true and correct, and that the photograph submitted (if applicable, no photo ID's allowed for individuals under 18) with this application is a genuine, current photograph.

A notary public completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.



Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My Commission expires \_\_\_\_\_

NOTARY PUBLIC: \_\_\_\_\_