



**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

DATE OF BIRTH REGISTRY NUMBER TELEPHONE NUMBER SOCIAL SECURITY

PHYSICAL ADDRESS: ADDRESS CITY STATE ZIP

MAILING ADDRESS: ADDRESS CITY STATE ZIP

NAME CHANGE: _____ WAS _____ NOW _____

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: _____

