

**TRIBAL IDENTIFICATION (I.D.) CARD REQUEST**

Print Name:

\_\_\_\_\_  
FIRST, MIDDLE & LAST

Mailing Address:

\_\_\_\_\_  
STREET ADDRESS OR P.O. BOX NO.

\_\_\_\_\_  
CITY, STATE & ZIP CODE

Telephone Contact(s): \_\_\_\_\_

•Purpose of Request (List Reason - EXAMPLE: 1<sup>st</sup> card, duplicate, expired, lost, stolen or damaged):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

•In order to help expedite your request, please sign in the text box below to apply to your Tribal I.D. card or sign the attached Signature Sheet.

TRIBAL I.D. CARD - SIGNATURE TEXT BOX

\_\_\_\_\_

•Upon submitting this request form be sure to thoroughly complete, sign and return the attached Member Profile Report and Signature Sheet. Your photograph will be required in order to complete your ID card; for your convenience you can come to the tribal office (Monday thru Friday, 8a.m.-5p.m.) to have your photograph taken. If you are *unable* to come into the tribal office your alternative is providing a colored photograph of your choice (such as a Department of Motor Vehicles (DMV) Driver's License/Identification Card or Passport picture, etc. via electronic copy or U.S. postal mail). All I.D. pictures are strictly authorized by the Enrollment Committee.

•Please be advised all Tribal I.D. card *replacements* are feasibly subject to a \$50.00 service fee determined by the Enrollment Committee and payable to Habematolel Pomo of Upper Lake. All Tribal Members have the option to deduct the \$50.00 service fee from their Proposition 1A-Revenue Sharing Trust Fund (RSTF) distribution check. Please be sure to provide your damaged Tribal I.D. card along with your replacement request.

COMMITTEE CHAIR'S RESULT  
CHECK (X) ONE BOX BELOW:

Approved:

Disapproved:

OFFICIAL USE ONLY:

\_\_\_\_\_  
Enrollment Committee Chairperson

\_\_\_\_\_  
Date

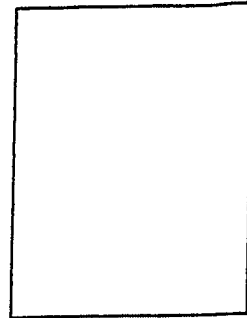
# Habematolel Pomo Of Upper Lake

## Member Profile Report

Wednesday, February 15, 2006

Name:

Photo



Address (Mailing):

County:

Address (Street):

County:

Voice Phone:

Msg Phone:

### Vital Statistics

Status:

Enrollment Number:

Census Code:

Social Security No:

Entity Number:

Govt Number:

IHS Number:

Other Number:

DOB:

Place of Birth

City:

State:

Birth Cert.?

DOD:

Place of Death

City:

State:

Death Cert ?

Head of Household:

Gender:

Marital Status:

Living On The Reservation

Registered Tribal Voter:

Registered US Voter:

### Voting Status:

District:

County:

State:

### Clan/Family Names:

Clan One:

Family ID 1:

Clan Two:

Family ID 2:

### AKAs/Maiden Name

AKA:

### Tribal Affiliation/Blood Quantum

Total Blood This Tribe:

Total Blood: All Tribes:

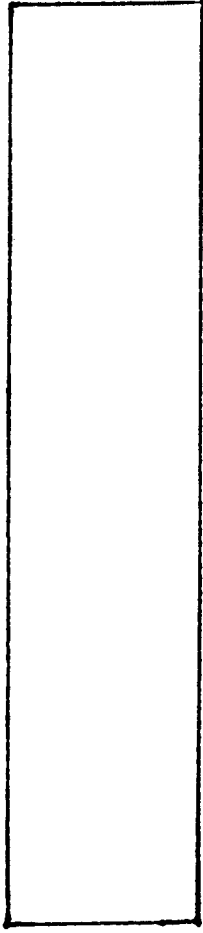
Tribe:

Blood Quantum:

Affiliation:

Habematolel Pomo Of Upper Lake  
P.O. Box 516  
Upper Lake, CA 95485  
(707) 275-0737  
www.upperlakepomo.com

# Signature Sheet



Sign within box

print Full Name :

Date of Birth :