

WICHITA & AFFILIATED TRIBES

ENROLLMENT RECORDS REQUEST/ADDRESS UPDATE

FULL NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

MAILING ADDRESS: _____

Check if same as Street Address

Street Address/P.O. Box

City State Zip

STREET ADDRESS: _____

Street Address

City State Zip

HOME PHONE: (____) _____

EMAIL ADDRESS: _____

Signature of Requestor

Date

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

RECORDS REQUESTED: _____ BIA Form-4432 _____ H & F Permit _____ Cobell Sch. Verif. _____ Proof of Descendancy	_____ CDIB CARD _____ CDIB COPY _____ CDIB LETTER _____ S. S. CARD COPY _____ NAME CHANGE _____ FAMILY TREE	_____ PHOTO ID _____ SS COPY _____ ENROLL. APP'L. _____ ADDRESS UPDATE _____ B. C. COPY _____ GIFT SHOP
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OTHER: _____

Michelle Emerson

Date

Address Updated on Progeny? Yes No