

# *Wichita and Affiliated Tribes*

## ENROLLMENT RECORDS REQUEST

FULL NAME: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
Street Address or P.O. Box  
\_\_\_\_\_  
City State Zip

CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

X \_\_\_\_\_  
*Signature of Requestor* *Date*

Do you need these records e-mailed to you  or mailed to you

### RECORDS REQUESTED:

_____ C.D.I.B. Card	_____ Enrollment Application	_____ Family Tree Copy
_____ C.D.I.B. Copy Only	_____ Legal Name Change	_____ Proof of Descendancy Ltr.
_____ B.I.A. Form-4432	_____ Photo ID Card**	_____ Address Update
_____ H & F Permit	_____ Social Security Card Copy	_____ Birth Certificate Copy

OTHER: \_\_\_\_\_

\_\_\_\_\_ *Received by Enrollment Staff on* \_\_\_\_\_ *Date*

Address Updated on Progeny?  Yes  No