Brothertown Indian Nation

Request for Photo Identification Card



Brothertown Indian Nation PO Box 2206, Fond du Lac, WI 54936-2206

Phone: 920-929-9964

ATTN: Enrollment Committee

Check one of the following: Identification Card for Tribal Members 18 and older (valid for 4 years) \$30.00 Identification Card for Tribal Veteran Members (valid for 4 years) \$30.00 Identification Card for Tribal Members under 18 years (valid for 4 years) \$20.00 Please include a high-quality photo of the applicant only with a straight, front face shot and a solid light blue colored background. No hats or sunglasses. Please allow 4-6 weeks for delivery. PLEASE USE BLACK INK. PLEASE SEND A 4X6 PICTURE WITH A SOLID BACKGROUND Name: First	PROWN INDIAN WATER	illilent Committee			
Please include a high-quality photo of the applicant only with a straight, front face shot and a solid light blue colored background. No hats or sunglasses. Please allow 4-6 weeks for delivery. PLEASE USE BLACK INK. PLEASE SEND A 4X6 PICTURE WITH A SOLID BACKGROUND Name: First Middle (Maiden) Last Date of Birth Enrollment Number Gender/Sex Address City State Zip E-mail address Telephone or Mobile Veteran (Branch) Hair Color - Eye Color Height Weight Applicant Signature or Legal Guardian (not to be signed by minors) **PLEASE sign on back of page for signature to show on ID card** For your benefit, PLEASE always notify the Nation of any address, phone, or name changes. Enrollment Committee Section ONLY I hereby certify that ** ** ** ** ** ** ** ** **	Check one of the following: ☐ Identification Card for Tribal Members 18 and older (valid for 4 years) \$30.00 ☐ Identification Card for Tribal Veteran Members (valid for 4 years) \$30.00 ☐ Identification Card for Tribal Members under 18 years (valid for 4 years) \$20.00				
colored background. No hats or sunglasses. Please allow 4-6 weeks for delivery. PLEASE USE BLACK INK. PLEASE SEND A 4X6 PICTURE WITH A SOLID BACKGROUND Name: First Middle (Maiden) Last Date of Birth Enrollment Number Gender/Sex Address City State Zip E-mail address Telephone or Mobile Veteran (Branch) Hair Color - Eye Color Height Weight Applicant Signature or Legal Guardian (not to be signed by minors) Date **PLEASE sign on back of page for signature to show on ID card** For your benefit, PLEASE always notify the Nation of any address, phone, or name changes. Enrollment Committee Section ONLY I hereby certify that					
Name: First Middle (Maiden) Last Date of Birth Enrollment Number Gender/Sex Address City State Zip E-mail address Telephone or Mobile Veteran (Branch) Hair Color - Eye Color Height Weight Applicant Signature or Legal Guardian (not to be signed by minors) Date **PLEASE sign on back of page for signature to show on ID card** For your benefit, PLEASE always notify the Nation of any address, phone, or name changes. Enrollment Committee Section ONLY	<u> </u>		- .	_	
First Middle (Maiden) Last Date of Birth Enrollment Number Gender/Sex Address City State Zip E-mail address Telephone or Mobile Veteran (Branch) Hair Color - Eye Color Height Weight Applicant Signature or Legal Guardian (not to be signed by minors) Date **PLEASE sign on back of page for signature to show on ID card** For your benefit, PLEASE always notify the Nation of any address, phone, or name changes. Enrollment Committee Section ONLY	_	_	-		
First Middle (Maiden) Last Date of Birth Enrollment Number Gender/Sex Address City State Zip E-mail address Telephone or Mobile Veteran (Branch) Hair Color - Eye Color Height Weight Applicant Signature or Legal Guardian (not to be signed by minors) Date **PLEASE sign on back of page for signature to show on ID card** For your benefit, PLEASE always notify the Nation of any address, phone, or name changes. Enrollment Committee Section ONLY					
Date of Birth Enrollment Number Gender/Sex Address City State Zip E-mail address Telephone or Mobile Veteran (Branch) Hair Color - Eye Color Height Weight Applicant Signature or Legal Guardian (not to be signed by minors) **PLEASE sign on back of page for signature to show on ID card** For your benefit, PLEASE always notify the Nation of any address, phone, or name changes. Enrollment Committee Section ONLY I hereby certify that	Name:				
Address City State Zip E-mail address Telephone or Mobile Veteran (Branch) Hair Color - Eye Color Height Weight Applicant Signature or Legal Guardian (not to be signed by minors) **PLEASE sign on back of page for signature to show on ID card** For your benefit, PLEASE always notify the Nation of any address, phone, or name changes. Enrollment Committee Section ONLY	First	Middle	(Maiden)	Last	
City State Zip E-mail address Telephone or Mobile Veteran (Branch) Hair Color - Eye Color Height Weight Applicant Signature or Legal Guardian (not to be signed by minors) **PLEASE sign on back of page for signature to show on ID card** For your benefit, PLEASE always notify the Nation of any address, phone, or name changes. Enrollment Committee Section ONLY I hereby certify that	Date of Birth	Enrollment Numbe	r Gen	Gender/Sex	
E-mail address Telephone or Mobile Veteran (Branch) Hair Color - Eye Color Height Weight Applicant Signature or Legal Guardian (not to be signed by minors) **PLEASE sign on back of page for signature to show on ID card** For your benefit, PLEASE always notify the Nation of any address, phone, or name changes. Enrollment Committee Section ONLY I hereby certify that	Address				
Veteran (Branch) Hair Color - Eye Color Height Weight Applicant Signature or Legal Guardian (not to be signed by minors) **PLEASE sign on back of page for signature to show on ID card** For your benefit, PLEASE always notify the Nation of any address, phone, or name changes. Enrollment Committee Section ONLY I hereby certify that	City		State	Zip	
Applicant Signature or Legal Guardian (not to be signed by minors) **PLEASE sign on back of page for signature to show on ID card** For your benefit, PLEASE always notify the Nation of any address, phone, or name changes. Enrollment Committee Section ONLY I hereby certify that	E-mail address	Telephone or Mobile			
PLEASE sign on back of page for signature to show on ID card For your benefit, PLEASE always notify the Nation of any address, phone, or name changes. Enrollment Committee Section ONLY I hereby certify that	Veteran (Branch)	Hair Color - Eye Color	Height	Weight	
PLEASE sign on back of page for signature to show on ID card For your benefit, PLEASE always notify the Nation of any address, phone, or name changes. Enrollment Committee Section ONLY I hereby certify that	Applicant Signature or Lo	egal Guardian (not to be signed b	 v minors) Dat	e	
Enrollment Committee Section ONLY I hereby certify that					
I hereby certify that	For your be	nefit, PLEASE always notify the Natio	on of any address, phone, or	name changes.	
		Enrollment Commit	tee Section ONLY		
	I hereby certify that				
		ber of the Brothertown Indian Natio	on, according to the available	e records of the Nation.	
Enrollment Committee Official Date	Enrollment Committee Off	icial			