APPLICATION FOR DUPLICATE CDIB CARD

Duplicate CDIB needed for:

NAME: _____
First Middle Last Maiden

DATE OF BIRTH: _____
Month Day Year

SOCIAL SECURITY NUMBER: _____

TELEPHONE NUMBER: _____

TRIBES/S: _____ BLOOD QUANTUM: _____

MAILING ADDRES: _____

_____
City State Zip Code

What agency originally issued you CDIB card? _____

I AM REQUESTING ANOTHER CERTIFICATE OF DEGREE OF INDIAN BLOOD (CDIB) CARD FOR THE FOLLOWING REASON: (IF STOLEN, PLEASE PROVIDE POLICE REPORT)

_____

_____

APPLICATION MUST BE SIGNED BEFORE A DUPLICATE CARD CAN BE ISSUED. THE COST FOR A DUPLICATE CARD IS ONE DOLLAR ($1.00). CASH OR MONEY ORDER ONLY!

_____ _____
Signature of applicant or guardian Date

Please return this application to: Seminole Nation of Oklahoma
Attn: Tribal Enrollment
P.O. Box 1498
Wewoka, Ok 74884-1498

For questions or more information call: (405) 257-7244