



TE-MOAK TRIBE OF WESTERN SHOSHONE

825 Railroad Street • Elko, Nevada 89801

INFORMATION NEEDED BEFORE YOUR CARD IS PROCESSED

PHOTO I.D. INFORMATION

NAME: _____

MAILING ADDRESS: _____

CITY	STATE	ZIP CODE
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GENDER: MALE FEMALE

DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____

HAIR COLOR:

BLACK	BLONDE	BROWN
GRAY	RED	SANDY
WHITE		

EYE COLOR:

BLACK	BLUE	BROWN
GREEN	GRAY	HAZEL
PINK	DICHROMATIC	

TRIBAL MEMBER'S SIGNATURE

STATE OF _____)
COUNTY OF _____)

Sworn to and subscribed before me this _____, day of _____, _____, by _____.

SEAL

Signature of Notary Public

FOR OFFICE USE ONLY

Office Worker's Initials: _____

Date Rec'd: _____

Amount Rec'd: _____

Receipt No.: _____

ID Card No.: _____