

Miami Nation of Oklahoma
request for:

- () Tribal Membership Card
\$5.00 replacement fee must be included with form.
- () Certificate Degree of Indian of Blood Certificate
Issuance of CDIB required the completion of the family tree on page 2 of this request form.

Full Name: _____

Date of Birth: _____ Social Security No. _____

Mailing Address: _____

City: _____ County: _____

State: _____ Zip: _____

Physical Address (if different from mailing): _____

City: _____ County: _____

State: _____ Zip: _____

Is this a new address? () Yes () No

Telephone – Primary w/Area Code: (____) _____

Telephone – Other w/Area Code: (____) _____

Is this a message number (), work number (), mobile number ()?

E-Mail Address: _____

Return this form with replacement fee (if applicable) to:
Miami Nation of Oklahoma
Attn: Tribal Enrollment
P.O. Box 1326
Miami, OK 74355

For Miami Nation use only:

Date Received: _____

Replacement fee included: _____

Date requested completed: _____