

CROW TRIBE EXECUTIVE BRANCH

DEPARTMENT OF ENROLLMENT & PER CAPITA

P.O. BOX 159
CROW AGENCY, MT 59022

Request for Crow Tribe Identification Card Form

DIRECTIONS: This form is used to request a Crow Tribe Identification Card, or Tribal ID. Only an individual or parent/legal guardian who holds custody of a minor may request this form on behalf of that minor. Complete **Section A** to request a CIB for yourself; complete **Section B** to request a CIB for a minor who is legally in your custody. In **Section C**, please provide your current height, weight, hair color, and eye color. Because Tribal IDs contain confidential information, you must have a notary complete **Section D** to prove your identity if you are not making the Tribal ID request at the Enrollment Department office (i.e. you are sending the form in the mail or electronically). IDs have fees associated with them: newly issued IDs are \$8.00 and reissued IDs are \$5.00; fees are waived for Tribal IDs issued to enrolled members who are 65 (sixty-five) years old or older. Fees must be paid for with money orders made payable to the Crow Tribe from the enrolled member to whom the ID is issued.

If you are submitting the request through the mail, **you must provide a photo of yourself taken in front of a solid, light blue background** (we recommend using a bed sheet or table cloth) **and your signature on a plain, white sheet of paper**. If you do not provide the photo and signature, the Enrollment Department is unable to process your request. A notary must also complete **Section D**. Remember to include a money order for the appropriate amount to pay the fee if you are under 65-years old.

Section A: Individual Request			
1. Name <small>(FIRST — M.I. — LAST)</small>	2. Date of Birth <small>(MM/DD/YYYY)</small>	3. Enrollment Number <small>(E.G. 202U123456)</small>	
Signature	Date		
Section B: Request for a Minor			
1. Name of Child <small>(FIRST — MIDDLE — LAST)</small>	2. Date of Birth <small>(MM/DD/YYYY)</small>	3. Enrollment Number <small>(E.G. 202U123456)</small>	
4. Name of Parent/Legal Guardian <small>(FIRST — M.I. — LAST)</small>	5a. Do you have custody of the above-named minor? <small>(INDICATE "YES" OR "NO")</small>		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5b. If "Yes," does Enrollment & Per Capita have documentation on file to support your custody claim?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Signature	Date		
Section C: Other Information			
Height <small>(E.G. 5'10")</small>	Weight <small>(E.G. 200 LBS.)</small>	Hair Color <small>(E.G. BLACK)</small>	Eye Color <small>(E.G. BROWN)</small>
Reason for Request <small>(PLEASE INDICATE ONE)</small>			
<input type="checkbox"/> Lost ID <input type="checkbox"/> Expired ID <input type="checkbox"/> New Issue <input type="checkbox"/> Update to Information			
Section D: Notary Section on opposite side of this sheet (must be completed)			
A notary must complete the notary section on the reverse side of this sheet if submitting request through mail.			
Enrollment Office Use Only			
Date Printed	Enrollment Staff — Print and Sign		

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Section D: Notary Section (must be completed)

STATE OF _____

(ENROLLMENT STAFF SIGNATURE TO VERIFY REQUESTER'S IDENTITY IF NO NOTARY)

COUNTY OF _____

ON _____ BEFORE ME, _____
(DATE) (NOTARY)

PERSONALLY APPEARED, _____
(SIGNERS)

PERSONALLY KNOWN TO ME _____ WITNESS my hand and official seal

(NOTARY SIGNATURE)

Date Printed

Enrollment Staff — Print Name and Sign

