



Shawnee Tribe Enrollment Department
29 South 69A Highway
Miami, OK 74354
918-542-2441

REQUEST FOR REPLACEMENT CARD

I need to have my Shawnee Tribe enrollment card replaced for the following reason (please check one box). Please mail my card to the address given below.

- I have lost my membership card.
- My membership card is damaged. I am enclosing the damaged card.

Name: _____
(print name)

Address: _____

Phone: _____

Please sign name below, and have this form notarized. Mail the original back to the address listed above in the letterhead. Legal guardians must sign for minors in their care.

(signature) (date)

NOTARY PUBLIC SIGNATURE

On this _____ day of _____, A.D. 20____, before me undersigned, a Notary Public in and for the County of _____ and State of _____, personally appeared _____ He/she is known to me, or has adequately proven to me, to be the identical person who has signed and has acknowledged to me that he/she has executed this Agreement as his/her free and voluntary act and deed, for the purposes herein set forth. Given under my hand and seal this day and year as written above.

NOTARY PUBLIC SIGNATURE

NOTARY PUBLIC SEAL:

My Commission Expires: _____