

Ho-Chunk Nation Office of Tribal Enrollment Mail-Order Request for Duplicate Tribal ID Card Form

Name						
D.O.B	S.S. # XXX-XX			_ Tribal ID # 439	ibal ID # 439A00	
Physical Address						
City	State	_ ZIP		County	Country	
Personal ID Info: Heigh	t Weight		_ Hair	Color	_ Eye Color	
(If either Mailing or Physic	al Address differ from w	hat is on fi	le you mu	st submit a Chang	e of Address Form)	
	** Request for Du	aplicate M	inor Trib	oal ID Card **		
Child's Name	D.O.B.	Last 4 c	of TID#	Last 4 of SS #	Relationship to Child	
Send Duplica By checking	te Tribal ID Card to Me this box I release HCN or damaged Tribal Iden	Iailing Ad I Office of T	dress Tribal En	rollment from any	responsibility for	
Print Name:		Sign:			Date:	
Certificate of Notary Public (Seal)		is	day of			
For Office Use Only:		M.O. / C	Check No.:			
Payment Type: M.O.	Cashier's Check	Receipt	No.:			