



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

Name \_\_\_\_\_

D.O.B. \_\_\_\_\_ S.S. # XXX-XX-\_\_\_\_\_ Tribal ID # 439A00 \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_ Country \_\_\_\_\_

Personal ID Info: Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

*(If either Mailing or Physical Address differ from what is on file you must submit a Change of Address Form)*

**\*\* Request for Minor Tribal ID Card \*\***

You must enter two (2) of the three (3) identifying numbers below

Child's Name	D.O.B.	Last 4 of TID #	Last 4 of SS #	Relationship to Child

**Duplicate Tribal ID Fees**

- Duplicate Tribal ID Cards are \$20.00
- Elder Tribal ID Cards are free of charge
- All Mail-Order Requests will be subject to a \$5.00 Shipping & Handling fee
  - ❖ Acceptable forms of payment include: Money Order & Cashier's Check *ONLY*  
*(Please DO NOT send cash through mail)*
- Payment must be included for your form to be complete

Send Tribal ID Card to Mailing Address

*By checking this box I release HCN Office of Tribal Enrollment from any responsibility for lost, stolen, or damaged Tribal Identification Cards*

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Certificate of Notary Public**

(Seal)

In the State of \_\_\_\_\_, County of \_\_\_\_\_ this document was  
signed before me on this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

Notary Signature: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

For Office of Tribal Enrollment Use Only:

Payment type (circle): Money Order Cashier's Check      Receipt Date/Number: \_\_\_\_\_