

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

Name								
.O.B S.S. # XXX-XX				Tribal ID # 439A00				
Mailing Address								
City	ty		ZIP	County		Country		
Physical Address								
City			ZIP	County		Country		
Personal ID Info: Height		_ Weight		Hair Color		_ Eye Color		
	** Red	quest for D	uplicate M	Iinor Tribal ID C	ard **			
Child's Name	D.O.B.	Last 4 of TID #	Last 4 of SS #	Relationship to Child	Height	Weight	Hair Color	Eye Color
Elder TribaPayment nSend DuplicaBy checking	te Tribal II	re free of choded for your D Card to Marelease HCN	arge Ir request t Mailing Ad Office of T	ribal Enrollment fr	om any re	esponsibili	ty for	
Print Name:	Sign:					Date:		
Certificate of Notary Public (Seal)	In the State of, County of					this document was		
	signed be	day of	in the year					
	Notary Signature:							
	Commiss	ion Expires:				-		
For Office Use Only:			M.O. / 0	Check No.:				
Payment Type: M.O.	☐ Ca	ashier's Check						