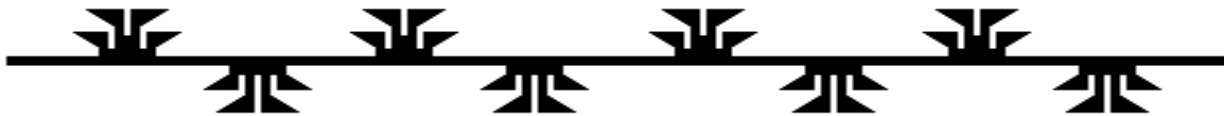


# YUROK TRIBE ENROLLMENT DEPARTMENT



190 KLAMATH BLVD • PO BOX 1027 • KLAMATH, CA 95548  
PHONE (707) 482-1350 • FAX (707) 482-1371

## IDENTIFICATION CARD INFORMATION

Please Print

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

Physical: \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_  
Cell #: ( ) \_\_\_\_\_

Height: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_

**Please email a photo (preferred) or enclose a photo with a plain background with no filters or hats, at least 5X7 or larger (No wrinkles or creases in the paper).**

**You must provide a color copy of your Driver's License or another form of photo identification. You can email to: [enroll@yuroktribe.nsn.us](mailto:enroll@yuroktribe.nsn.us)**

Please sign in the space below, keeping your signature within the box provided.

Signature