CROW CREEK SIOUX TRIBE
Enrollment Department
P.O. BOX 547
Fort Thompson, South Dakota 57339
Phone (605)-245-2061 | Fax (605)-245-2132
Email: ccstenrollment@midstatesd.net

Tribal ID Card Request

First Name Middle Last Name

Date Of Birth

Gender: (**Circle One**) Male | Female

Physical & Mailing Address

City State Zip Code

SIGNATURE write your signature with a blue or black narrow tip felt marker (prefer) or pen

CERTIFICATION

I, _____, (The adult applicant or parent/legal guardian of the applicant) affirm that the identification attached is a true and complete copy of the document which it purports to represent.

SIGNATURE:_____ DATE: _____

Email or mail to:
Crow Creek Sioux Tribe Enrollment Dept.
P.O. Box 547
EMAIL: ccstenrollment@midstatesd.net