



CROW CREEK SIOUX TRIBE

ENROLLMENT DEPARTMENT

P.O. BOX 547

FORT THOMPSON, S.D. 57339

PHONE (605)-245-2061 | FAX (605)-245-2132

EMAIL: ccstenrollment@midstatesd.net

TRIBAL ID REQUEST FORM

First Name	Middle	Last Name
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Date of Birth: _____ Gender: (**Circle One**) Female | Male

Phone Number: _____ Email: _____

Physical and/or 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