



ADDRESS CHANGE
 NEW CARD REQUEST
 Delaware Tribe of Indians
 170 NE Barbara
 Bartlesville OK 74006



www.delawaretribe.org 918-337-6593

DATE _____

___ Change of Address Replacement Card Request: ___ Photo ___ Blue Voter Registration

(Note: Check only one, Photo card replacement fee \$10. For name change submit document that changes it.)

NAME: _____
first middle last Maiden or other names possibly registered under

DATE OF BIRTH: _____ REGISTRATION # _____

NEW ADDRESS: _____

CITY _____ STATE _____ ZIP _____

CHILDREN: _____
 (include their registration #, date of birth or request an enrollment form.)

OTHER INFORMATION REQUESTED: _____

SIGNATURE OF TRIBAL MEMBER _____

for office use only

Date received: _____ Action taken: _____

Comments: _____
