



TE-MOAK TRIBE OF WESTERN SHOSHONE

525 Sunset Street • Elko, Nevada 89801
775-738-9251 • Fax 775-738-2345

INFORMATION NEEDED BEFORE YOUR CARD IS PROCESSED

PHOTO I.D. INFORMATION

NAME: _____

MAILING ADDRESS: _____

CITY

STATE

ZIP CODE

GENDER: MALE FEMALE

DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____

HAIR COLOR:

BLACK BLONDE BROWN
GRAY RED SANDY
WHITE

EYE COLOR:

BLACK BLUE BROWN
GREEN GRAY HAZEL
PINK DICHROMATIC

TRIBAL MEMBER'S SIGNATURE

STATE OF _____)
COUNTY OF _____)

Sworn to and subscribed before me this _____, day of _____, _____, by _____.

SEAL

Signature of Notary Public

FOR OFFICE USE ONLY

Office Worker's Initials: _____

Date Rec'd: _____
Receipt No.: _____

Amount Rec'd: _____
ID Card No.: _____