Lac Courte Oreilles Identification Card Application Form

PLEASE PRINT LEGIBLY

PLEASE USE BLACK INK WHEN COMPLETING FORM

Enrollment Number: _____ Date of Birth: _____ Gender: _____

Name: _____

First Middle Last

Maiden or Birth Name (if different): _____

Ojibwe/Native Name: _____ Clan: _____

Street Address: _____

_____

City State Zip

Mailing Address: _____

_____

City State Zip

Phone Number: _____ Email: _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

Marital status: _____

Are you a veteran? Yes ____ No ____

If yes, Service Branch: _____ Dates of Service: _____

Signature (please sign **within** box ↓): Date: _____

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Please include a copy of a valid ID or social security card to confirm identity.