

QUAPAW TRIBE OF OKLAHOMA

PO Box 765 Quapaw, OK 74363 P: (918) 542-1853 F: (918) 542-4694

Request for Duplicate Enrollment/CDIB Card

Please Print ALL Information Except Signature at the Bottom

** Must Have

First Name Middle Name Last Name

Please check the box (or boxes) of the duplicate card(s) you are requesting:

- Enrollment Card
- CDIB (Certificate of Degree of Indian Blood)

***There is a \$3.00 fee for EACH duplicate card requested. Please make check or money order payable to the Quapaw Tribe.**

Address: _____
Street or PO Box City State/ZIP

Phone Number: _____

Roll # (if known): _____

**Last 4 of Social Security #: _____

**Birth Date: _____

Signature of Applicant (Parent or Legal Guardian) Date

If under 18, only a parent of legal guardian may request a duplicate card.
NO EXCEPTIONS!