

SANTA CLARA

POST OFFICE BOX 580
(505) 753-7326



INDIAN PUEBLO

ESPANOLA, NEW MEXICO
87532

VITAL STATISTICS

ENROLLMENT

Tribal Identification Card Request Form

Name:

Date:

Maiden:

Alias:

Mailing Address:

Physical Address:

City, State, Zip Code:

Contact Number, including area code:

VERIFICATION

I understand that this identification card issued to me will be used to verify my enrollment as a member of the Santa Clara Pueblo and should this card be lost, stolen or damaged there will be a \$25.00 charge.

Applicants Signature;

Date:

Parent or Guardian Signature:

Date: