SANTA CLARA
POST OFFICE BOX 580
(505) 753-7326

VITAL STATISTICS

INDIAN PUEBLO
ESPANOLA, NEW MEXICO
87532

ENROLLMENT

Non-Member Residency Identification Card Request Form				
Name:				Date:
Maiden:		Alias:		
Mailing Address:				
Physical Address:				
City, State, Zip Code:				
Contact Number, including area code:				
E-mail Address:				
Physical Traits:	**Hair color:**	**Eye color:**	**Weight:**	**Height:**
VERIFICATION				
I acknowledge that the identification card issued to me will be utilized to confirm my membership as a non-member of the Santa Clara Pueblo. I also understand that if this card is lost, stolen, or damaged, a fee of $25.00 will be applied for its replacement.				
Applicants Signature;				**Date:**
Parent or Guardian Signature:				**Date:**

Staff Name:

Office Staff Use Only