

# SANTA CLARA

POST OFFICE BOX 580  
(505) 692-6325

Vital Statistics



# INDIAN PUEBLO

ESPANOLA, NEW MEXICO  
87532

Enrollment/NMR

## NON-MEMBER RESIDENCY IDENTIFICATION CARD REQUEST FORM

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |                |             |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------|-------------|------------|
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         | Date:          |             |            |
| Maiden Name(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         | Alias Name(s): |             |            |
| P.O. Box:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |                |             |            |
| Physical Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |                |             |            |
| City, State, Zip Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |                |             |            |
| Phone Number: (area code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |                |             |            |
| E-mail Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |                |             |            |
| Physical Traits:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Height: | Weight:        | Hair Color: | Eye Color: |
| <b>VERIFICATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |                |             |            |
| <p>I understand that this identification card, issued to me, will be used to verify my enrollment as a member of the Santa Clara Pueblo. If this card is lost or stolen, you will be permitted only two (2) renewals per year. A <b><u>\$25.00 fee will be charged per card for renewal.</u></b></p> <p><b><u>NO CASH PAYMENTS OR PERSONAL CHECKS ARE ACCEPTED.</u></b></p> <p><b><u>PLEASE MAKE MONEY ORDERS PAYABLE TO:</u></b></p> <p><b>SANTA CLARA PUEBLO</b><br/><b>NMR IDENTIFICATION CARD FEE</b><br/><b>P.O. BOX 580</b><br/><b>ESPANOLA, NM 87532</b></p> |         |                |             |            |
| Applicant Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                | Date:       |            |
| Parent/Guardian Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |                | Date:       |            |

Copy of Money Order Here

Staff Initial/Date