

YUROK TRIBE ENROLLMENT DEPARTMENT



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IDENTIFICATION CARD INFORMATION

Please Print

Name: _____
Last First Middle

Address: _____

Physical: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone #: () _____

Cell #: () _____

Height: _____

Eye Color: _____

Weight: _____

Hair Color: _____

Please email a photo (preferred) or enclose a photo with a plain background at least 5X7 or larger (No wrinkles or creases in the paper).

You must provide a color copy of your Driver's License or another form of photo identification.

Please sign in the space below, keeping your signature within the box provided.

A dotted rectangular box intended for the applicant's signature.

Signature