SHINNECOCK NATION
TRIBAL ENROLLMENT & VITAL RECORDS OFFICE
Church Street; PO Box 557; Southampton, NY 11969
631.458.1240 | TribalEnrollment@Shinnecock.org

TRIBAL ID REQUEST FORM

_____
Last Name First Middle Maiden

Date of Birth _____/_____/_____ Height: _____ Eye Color: _____ ☐ Female ☐ Male

_____
Residential Address (Number, Street, Route, Box) City County State Zip Code

_____
Mailing Address (Number, Street, Route, Box) City County State Zip Code
(if different from residence)

Email Address: _____ Do you have a Facebook Acct: ☐ YES ☐ NO

Best Contact Phone Number: _____ Alternative Phone Number: _____
Home / Cell / Work / Other Home / Cell / Work / Other

CURRENT MARITAL STATUS (circle one): ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Are you currently or have you ever served in the Military? ☐ YES ☐ NO If Yes, which branch? _____

I affirm that the information provided in this application is true and accurate. I understand that any falsification of the Shinnecock Indian Nation recertification form may result in suspension of tribal services with the Shinnecock Indian Nation. I attest to the above with my signature in the blank space below:

SIGN HERE: _____
Dated

ACKNOWLEDGMENT OF RECEIPT:

By initialing below, the above named citizen hereby acknowledges that Shinnecock Nation Tribal Enrollment & Vital Records Office issued a Tribal ID on the requested issue date.

Type of ID Issued	Issue Date	Expiration Date	Reason for Request	Payment & Type	Officer Initial	Citizen Initial