



ABSENTEE SHAWNEE TRIBE OF OKLAHOMA
ENROLLMENT DEPARTMENT
2025 S. GORDON COOPER DR. SHAWNEE, OKLAHOMA 74801
405.481.8650 ♦ Enrollment@astribe.com

Instructions for Universal Form (To update or request a replacement CDIB card)

1. Complete the Universal form in its entirety.
2. The bottom portion of this form must be completed in the presence of a notary. This is to verify your identity if we cannot do so in office. A color copy of your state ID or driver's license must accompany the form. ***If you do not have a state ID or driver's license please contact the Enrollment Office for a list of approved documents.***
3. Members 12+ **MUST** submit a photo to renew their CDIB card. You can have a passport photo taken at Walgreens or have someone take a photo of you. If you choose to have someone take a photo for you please note the photo must be taken with a white background no hat or glasses. ***You do not have to obtain a passport, if you already have a passport please do not make copies of the photo on your passport.***
4. Members who wish to have a Veteran's CDIB must submit a DD Form 214.
5. Mail the completed form, copy of your driver's license, and photo of yourself to the following address:

Absentee Shawnee Tribe
Enrollment Department
2025 S Gordon Cooper Dr.
Shawnee, OK 74801

-or- email to: Enrollment@astribe.com ***If you choose to email these items please scan them as an image or PDF, we cannot accept photos of these items.***

Forms that are faxed will not be accepted

Incomplete forms or forms submitted with photos that do not follow criteria will not be processed and will be returned to the requestor.



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UNIVERSAL FORM

Name:		Date:	
Parent/Guardian Name:		Date of Birth:	
Telephone Number:		Email:	
Address:			
City:		State:	Zip Code:
Tribal Name:		Meaning:	
Update my Address with: <input type="checkbox"/> Tax <input type="checkbox"/> Media		Provide a copy of my updated CDIB to:	
Veteran: Yes No DD Form 214 required		Height:	Weight: Eye color:
Sign in box below: ↓ (If applicant is a minor their parent or legal guardian must sign) ↓			

STOP-THIS PORTION MUST BE COMPLETED IN THE PRESENCE OF A NOTARY-A COPY OF YOUR STATE ID OR DRIVER'S LICENSE MUST BE ATTACHED. INCOMPLETE APPLICATIONS WILL BE RETURNED.

I, _____, (the adult applicant or parent/legal guardian of the applicant)
(Print Full Name)

affirm that the identification above or attached is a true and complete copy of the document which it purports to represent.

Signature: _____

Date: _____

NOTARY PUBLIC USE ONLY

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20____.

NOTARY STAMP

Notary Public Signature

My Commission Expires: _____

OFFICE USE ONLY		
Date Received	Member Roll Number	Employee Initials