



**Confederated Tribes of Siletz Indians
Enrollment Department**

201 SE Swan Ave
PO Box 549
Siletz, Oregon 97380-0549
Telephone: (541)444-8258 • Toll Free: (800) 922-1399 ext. 1258
E-Mail: EnrollmentDepartment@ctsi.nsn.us

Siletz Tribal Identification (ID) Request

INSTRUCTIONS: Complete this form in blue or black ink. Confirm your address is current. If your address is not up to date, you will need to complete and submit the Address & Contact Information Update form with your ID request.

Siletz Tribal Member's Name: _____ Roll#: _____

Height: ____feet ____inches Weight: _____pounds

Eye Color: Blue Black Brown Green Gray Hazel Pink Dichromatic

Hair Color: Black Blonde Brown Gray Red Sandy White

If you are unable to come into the Enrollment Department or Tribal Area Office to have your picture taken in person, you may order it by submitting this form and following the steps below. Email this request with proof of identification to the Enrollment Department at EnrollmentDepartment@ctsi.nsn.us. Enrollment will mail your Siletz Tribal ID to you.

Digital Photo Specifications:

- a. In color, no filters and clearly focused
- b. Plain white or off-white background
- c. Taken within the last six-months to reflect your current appearance
- d. Taken in full-face view directly facing the camera, no shadows on your face
- e. Both eyes open, neutral/smiling facial expression, no hats
- f. No sunglasses (even if tinted prescription glasses)
- g. Glare on clear glasses is not acceptable. Glare can be avoided by slight downward tilt of glasses, turning off the flash or removing the glasses.

Photo Verification: Submit a color copy of your State issued ID to confirm your identity

Signature: Sign inside the box

_____ Date

Relationship to Tribal Member: Self Parent
 Guardian of Minor* Guardian of Adult*

*Attach court or other legal documentation to show Guardianship/Power of Attorney

Siletz Tribal Office Use Only		
Time: _____	Date: _____	Staff Initials: _____
Verification:		
<input type="checkbox"/> State issued ID	<input type="checkbox"/> Previous Tribal ID	<input type="checkbox"/> Passport
<input type="checkbox"/> Enrollment Picture on file	<input type="checkbox"/> Social Security card	<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Staff recognizes Tribal Member	<input type="checkbox"/> Other: _____	
Issue Date: _____	Tracking#: _____	