

THE SNOHOMISH TRIBE OF INDIANS PHOTO ID REQUEST FORM

AIBE OF INDUSE		DATE:					
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	-	_		adoption papers o	r other certified ve	rification or	
		erifying your nam Time of Enrollmen					_
Cu	Current Mailing Address						
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City	City				State	Zip Code	
Fm	Email Address				Home Number	Cell Number	_
	Email / Marioso					oon realison	
We	eight	Height	Hair Color	Eye Color	Enrollment Numb	per (if known)	
C:-		E DI ACK INK					_
Sig	Signature – USE BLACK INK						
Bir	thdate						
Requ	irements:						
•	MUST be current on Annual Assessments						
•	 MUST include a passport size photo – see Photo Requirements 						
•		n must be filled ou	it in its entirety!				
Phot	o Requirei	ments:					
• In color.							
•	 2 x 2 inches in size. Printed on thin, photo-quality paper. Taken within the past 6 months, showing current appearance. 						
 Full face, front view with a plain white or off-white background. 							
•	Between 1 inch and 1 3/8 inches from the bottom of the chin to the top of the head.						
•	Taken in normal street attire						
•	 Do not wear a hat or headgear that obscures the hair or hair line. 						
•	Dark glass	es or nonprescript	ion glasses with	tinted lenses are no	t acceptable		
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Deber@snohomishtribe.org OR							
			oal. Email Form	and request invoi	ce from: lloeber@s	snohomishtribe.org OR	
				e to: The Snohomi			
	Enclosed D	avment check #		dated	in	the amount of	
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Mail Completed form, payment and photo to:

Snohomish Tribe of Indians 9792 Edmonds Way, #267 Edmonds, WA 98020