



BISHOP TRIBAL ENROLLMENT DEPARTMENT

Document Request Form

Please allow up to three (3) business days to process

For any questions regarding the Document Request process please call the Enrollment Department at
(760)873-3584 ext.1500 or by emailing enrollment@bishoppaiute.gov

Member Information

Member Name: _____
First Middle Last Maiden (if any)

Enrollment Number: 549-_____ Birthdate: _____

Contact Number: _____

Document Delivery (please choose one) : ☐ Pick up ☐ Email: _____

☐ Mail: _____

Document(s) Requested

☐ Birth Certificate : _____

☐ Social Security Card: _____

☐ Enrollment Resolution: _____

☐ Other: _____

Requestor's Signature

The information provided above is true and correct to the best of my knowledge. If the information requested is regarding a minor, we may request proof of legal custody or legal guardianship before we issue any document(s). All documents requested are copies that are taken from that member's file; to receive a certified copy of a document, you will have to contact the agency/municipality that issues the original.

Signature: _____ Date: _____
Member/ Member's Parent or Legal Guardian

Enrollment Office Use Only

Record Issued: ☐ Yes ☐ No: _____

Date Processed: _____ Staff Initials: _____