

WINNEBAGO TRIBE OF NEBRASKA

P.O. BOX 687 PH: 402-878-2028 FAX 402-878-2024

Request for a CIB(Certificate of Indian Blood)

First Name

Middle Name

Last Name (Current)

ADDRESS: _____

Home Phone _____

Enrollment Number _____

Social Security # _____

Birth Date _____

FOR OFFICE USE ONLY

Date Rec'd _____	By Whom: _____
Date Mailed _____	