



Enrollment Office

2960 Tongass Avenue, Ketchikan, AK 99901
(907) 228-9430 **PHONE**
1(800)852-4846 **FAX**
ccorbett@kictribe.org

KIC Tribal Identification Card Affidavit

Last Name First Name Middle Name Suffix

Other Names Used KIC Enrollment # Birth Date

Mailing Address City, State Zip Code Phone #

I confirm the attached photograph is a true photo of _____
Name of person in the photo

Parent or Legal Guardian for a Minor

*Signature of person or legal guardian
whose picture appears on this form.
Your signature will be attached to the ID card.*

Attach Original photo here.
The picture will not be reused or returned.

Signature

Date

SUBSCRIBED AND SWORN

Before me this _____ day of _____ 20____

Notary Public, in and for the State of _____

Residing at: _____

My commission expires: _____

*Must have the Notary Publics Stamp
at the bottom corner of the picture.*

Notice of False or misleading information: If any statements are proven to be misleading or false penalties may include civil or criminal charges filed against the provider.