



Application for Duplicate CDIB card

(800) 522-6170 (580) 924-8280 ext. 4030

Duplicate CDIB needed for:

Name _____
First Middle Last Maiden

Date of Birth: _____

Social Security Number: _____ (must provide copy of card)

Telephone Number: _____

Tribe(s): _____ Email: _____

Mailing Address _____

City State Zip code County

Physical Address (if different): _____

City State Zip code County

Application must be signed before a DUPLICATE CDIB card can be issued

All applicants must provide a copy of their state full form birth certificate.

This is required for all DUPLICATE CDIB cards.

When you originally applied for a CDIB, copies of these documents were not kept on file.

Signature of applicant or guardian of applicant

Date

Please return this application to:

Choctaw Nation of Oklahoma
Attn: Tribal Membership
PO Box 1210
Durant, OK 74702-1210
Fax: 580-920-7001
cdib-membership@choctawnation.com