

NEW VETERAN PROFILE

INFORMATION OF APPLICANT

Name:	DOB:	SSN:
Address (Street, City, Zip):		
Home Phone:	Cell Phone:	
Email:	CDIB Number:	
MILITARY SERVICE		
Branch of Service:	Year Enlisted:	
Military Rank:	Do you have a military photo? Yes No If so, please attach.	
Type of Discharge:	Year Discharged:	
Medals or Honors Recieved:		
Jacket Size: Small Med Large Large Tall XL XLT 2XL 2XLT 3XL 4XL		

Please submit a copy of your Military Discharge and Choctaw Tribal Membership Card to one of the following:

Mail: Choctaw Veterans Advocacy, PO Box 1210, Durant, OK 74702

Fax: 580-920-3155

Email: VeteransAdvocacy@ChoctawNation.com

- I agree and give permission to share veteran identification information with other Choctaw Nation of Oklahoma departments.
- I **DO NOT** agree or give permission to share veteran identification information with other Choctaw Nation of Oklahoma departments.

Signature:	Date Signed:
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580-924-8280 | 800-522-6170 | 1802 CHUKKA HINA DRIVE | DURANT, OK 74701

