



Liberty Wildlife
Non-eagle Feather Repository

**NON- EAGLE PARTS FOR
NATIVE AMERICAN RELIGIOUS
PURPOSES
REQUEST FORM**

Contact Information:
P.O.Box 14345 Scottsdale, AZ 85267
Phone: 480-998-5550
Fax: 480-998-0230
E-mail:
featherrepository@non_eaglefeathers.net

****IMPORTANT****

ONLY ONE REQUEST FOR FEATHERS/PARTS MAY BE SUBMITTED AT ONE TIME
DO NOT SUBMIT REQUESTS TO BOTH REPOSITORIES AT THE SAME TIME

Request #
Repository use only

Last Name		First Name		Middle Name		Suffix (Sr., Jr., etc.)	
Physical address (Street address; Apartment #, Suite #)							
City				State		Zip code/Postal code	
Mailing Address (if different than physical address)							
City				State		Zip code/Postal code	
Date of Birth		Email address (optional)		Name of Contact Person (if you have no phone)			
Home Phone Number () -		Work Phone Number () -		Phone Number of Contact () -			

NOTE: Providing proof of enrollment in a federally recognized Native American tribe is a requirement for eligibility to possess non-eagle feathers and parts. Examples of proof of enrollment include:

A copy of an official tribal roll vital record, a copy of a Certificate of Indian Blood (CIB) card, or a letter from your tribal enrollment office that certifies your enrollment in a federally-recognized tribe.

NAME OF YOUR TRIBE:	TRIBAL ENROLLMENT NO.
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**** INCLUDE PROOF OF ENROLLMENT WITH THIS REQUEST****

<p>GROUP</p> <input type="checkbox"/> Hawk /Falcon _____ <input type="checkbox"/> Owl _____ <input type="checkbox"/> Water bird _____ <input type="checkbox"/> Shorebird _____ <input type="checkbox"/> Upland bird _____ <input type="checkbox"/> Other: _____	<p>SPECIES <i>(Only one species/type per request)</i></p> (ex. Red-Tailed, Osprey, Prairie, etc.) (ex. Great Horned, Saw-Whet, Elf, etc.) (ex. Anhinga, Gull, Cormorant, etc.) (ex. Plover, Sandpiper, Willet, etc.) (ex. Flicker, Flycatcher, Crane, etc.)	<p align="center">Number of FEATHERS</p> <div style="border: 1px solid black; width: 80px; height: 60px; margin: 0 auto;"></div>	<p align="center">Special Orders</p> Whole Carcass <input type="checkbox"/> Pair Whole Wings <input type="checkbox"/> Whole Tail <input type="checkbox"/> Specific Feathers <input type="checkbox"/> Multiple Species <input type="checkbox"/> Describe: _____ _____ _____
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I hereby certify that I am requesting migratory bird parts for religious purposes and that the information submitted herein is complete and accurate to the best of my knowledge.

Signature: _____ Date: _____

The request for feathers for religious purposes has been reviewed and found to be correct and complete. <input type="checkbox"/>		
Printed Name	Signature	Date

ONCE YOUR REQUEST IS FILLED, YOU MAY SUBMIT ANOTHER REQUEST FORM TO EITHER REPOSITORY