



Non-Eagle Migratory Bird Feather/Parts Request Form for Native American Religious Purposes

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.

****INCLUDE PROOF OF ENROLLMENT WITH THIS APPLICATION****

NAME OF YOUR TRIBE:	TRIBAL ENROLLMENT NO.
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GROUP	SPECIES <i>(Only one species/type per request)</i>	Number of FEATHERS	Special Orders
<input type="checkbox"/> Hawk /Falcon _____ (ex. Red-Tailed, Osprey, Prairie, etc.)		<div style="border: 1px solid black; width: 80px; height: 80px; margin: 0 auto;"></div>	Whole Carcass <input type="checkbox"/>
<input type="checkbox"/> Owl _____ (ex. Great Horned, Saw-Whet, Elf, etc.)			Pair Whole Wings <input type="checkbox"/>
<input type="checkbox"/> Water bird _____ (ex. Anhinga, Gull, Cormorant, etc.)			Whole Tail <input type="checkbox"/>
<input type="checkbox"/> Shorebird _____ (ex. Plover, Sandpiper, Willet, etc.)			Specific Feathers <input type="checkbox"/>
<input type="checkbox"/> Upland bird _____ (ex. Flicker, Flycatcher, Crane, etc.)			Multiple Species <input type="checkbox"/>
<input type="checkbox"/> Other:			Describe: _____

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: _____

MAIL COMPLETED APPLICATION WITH PROOF OF ENROLLMENT TO:

SIA, P. O. BOX 341, CYRIL, OKLAHOMA 73029