



**Non-Eagle Migratory Bird Feather 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\*\***

<b>NAME OF YOUR TRIBE:</b>	<b>TRIBAL ENROLLMENT NO.</b>
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In order to best meet your feather need a Sia Associate will contact you for a verbal intake pertaining to your request.

Description of feathers requested: \_\_\_\_\_  
 Species Requested (Type of Bird): \_\_\_\_\_  
 Specific feathers: \_\_\_ Tail feathers \_\_\_ Wing feathers \_\_\_ Other: \_\_\_\_\_

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

**FOR OFFICIAL USE ONLY**

Approval Status \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

Remarks: \_\_\_\_\_

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