RELEASE OF TRIBAL ENROLLMENT VERIFICATION

Dear Tribal Enrollment Office:

Please send a copy of my Certificate of Tribal Enrollment or Certificate of Descendancy to:

Peter Christensen Health Center
Attn: Purchased Referred Care/Registration Desk
129 Old Abe Road
Lac du Flambeau, WI 54538
(715) 588-3371 P (715) 588-2031 F

Tribal Enrollee Information:

<table>
<tr><td colspan="2">Last Name, First Name:</td><td>Middle Initial:</td><td colspan="3">Other/Alternate Name Used:</td></tr>
<tr><td colspan="2">Address:</td><td colspan="2">City</td><td>State:</td><td>Zip:</td></tr>
<tr><td>Date of Birth:</td><td>Daytime Phone Number:</td><td colspan="4">Agency Enrolled At:</td></tr>
<tr><td>Tribal ID #:</td><td colspan="5"></td></tr>
</table>

Descendant Information:

Father's Name and Date of Birth: ______________________________

Mother's Name and Date of Birth: ______________________________

Grandfather's Name Date of Birth: ______________________________

Grandmother's Name Date of Birth: ______________________________

Patient/Guardian Signature: ______________________ Date: ____________

Rev 2/2023