



Pyramid Lake Paiute Tribe of Nevada
Pyramid Lake Tribal Enrollment Office

PO Box 256, Nixon, NV 89424
Phone: (775) 574-1000 ext. 115 | Fax: (775) 574-1008 | Email: plenrollment@plpt.nsn.us

DOCUMENT REQUEST FORM

SECTION 1: MEMBER INFORMATION

ROLL #: BIRTHDATE: TELEPHONE:

MEMBER NAME: (Please Print) LAST FIRST MIDDLE / MAIDEN (if any)

HOME ADDRESS: STREET APT.# CITY STATE ZIP CODE

MAILING ADDRESS: STREET / PO BOX APT.# CITY STATE ZIP CODE

SECTION 2: DOCUMENT(S) REQUESTED

- Birth Record Social Security Card Other

Purpose

SECTION 3: REQUESTOR SIGNATURE

The information provided above is true and correct to the best of my knowledge and belief. I understand that providing false information or misrepresentation of the information contained herein for the purposes of obtaining vital records is subject to penalty in accordance with applicable laws.

SIGNATURE: DATE:

Check this box if the person signing above is the assigned Power of Attorney (POA) or Guardian of the enrolled member. PLEASE CONTACT THE PYRAMID LAKE TRIBAL ENROLLMENT OFFICE WITH ANY QUESTIONS.

FOR OFFICE USE ONLY

Record Issued: YES NO Reason:

Record Type: Birth Record Social Security Card Other

Disposition: Mail Pickup

Date Issued: By:

This form can be completed on-line. Once completed, you must PRINT, SIGN, and DATE and MAIL to the Enrollment Office.