

Form I-872 American Indian Card Replacement Application

Applicant Information

Full Name:

Date of Birth:

Tribe Name:

USCIS Number (A-Number):

Contact Information

Mailing Address:

Phone Number:

Email Address:

Reason for Replacement

☐

Card Lost

☐

Card Stolen

☐

Card Damaged

☐

Other

Certification

☐

I certify that the information provided is true and correct to the best of my knowledge.

Submit Application