



Liberty Wildlife
Non-eagle Feather Repository

**NON- EAGLE PARTS FOR
NATIVE AMERICAN RELIGIOUS
PURPOSES
REQUEST FORM**

Contact Information:
P.O.Box 14345 Scottsdale, AZ 85267
Phone: 480-998-5550
-or- 863-FEATHER (332-8437)
E-mail:feathers@libertywildlife.org

****IMPORTANT****

ONLY ONE REQUEST FOR FEATHERS/PARTS MAY BE SUBMITTED AT ONE TIME
DO NOT SUBMIT REQUESTS TO BOTH REPOSITORIES AT THE SAME TIME

Request #

Repository use only

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.

NAME OF YOUR TRIBE:	TRIBAL ENROLLMENT NO.
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**** INCLUDE PROOF OF ENROLLMENT WITH THIS REQUEST****

Please be specific with species and only one species per request		Number of feathers	Parts of the Species being ordered
Group	Species		
Hawk or Falcon:	_____	<div style="border: 1px solid black; width: 80px; height: 80px; margin: 0 auto;"></div> <p>Specify feather type:</p> <p>_____</p> <p>_____</p>	Whole carcass <input type="checkbox"/>
Owl:	_____		Pair of wings <input type="checkbox"/>
Water bird:	_____		Whole tail <input type="checkbox"/>
Shorebird:	_____		Pair of wings and whole tail <input type="checkbox"/>
Upland bird:	_____		Specific feathers (see previous column) <input type="checkbox"/>
Other:	_____		Talons <input type="checkbox"/>
			Other: _____ <input type="checkbox"/>

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: _____

The request for feathers for religious purposes has been reviewed and found to be correct and complete. ☐

Printed Name

Signature

Date

ONCE YOUR REQUEST IS FILLED, YOU MAY SUBMIT ANOTHER REQUEST FORM TO EITHER REPOSITORY