



Liberty Wildlife
Rehabilitation | Education | Conservation

Non-Eagle Feather Repository Program
Application
For
Non-Eagle Feathers and/or Parts
For
Native American
Ceremonial and Religious Purposes

CONTACT INFORMATION:

Address: Liberty Wildlife
2600 E. Elwood St.
Phoenix, AZ 85040

Phone: 520-240-7406

Website: www.Libertywildlife.org

Email: Feathers@Libertywildlife.org

BEFORE YOU SUBMIT PLEASE READ:

- * You must be 18 years old, a member of a federally recognized Tribe and provide a copy of your tribal enrollment with your first application.
- * You cannot submit applications to both non-eagle feather repositories at the same time.
- * You can only submit one application at a time to Liberty Wildlife. Once you receive your order, you must wait 3 months before submitting another application.
- * You must mail in a signed original application; faxed or scanned copies will not be accepted.
- * Incomplete or incorrect applications will be rejected without notice.
- * We cannot ship carcasses to P.O. boxes; a street address and phone number are required.
- * We do not accept correspondence from inmates, a prison authority must submit the application and attach a letter stating the inmate is eligible to receive the number and species of feathers requested and a mailing address.

First Name	Middle Name	Last Name	Suffix or Inmate ID
Organization (Inmates are required to include name of correctional facility)			
Street Address			
City		State	Zip Code
P.O. Box	City	State	Zip Code
Home Ph.	Cell Ph.	Email (Essential for shipment tracking)	
Birth Date	Name of Tribe	Tribal Enrollment No.	
Contact Person and Ph. Number/Extension (Inmates are required to provide a correctional facility contact)			

You can only order one species per application. Loose feather orders are limited to 20 feathers. Be specific about species and feathers and/or parts being requested.

Species: First Choice: _____ Second Choice: _____ Third Choice: _____ Comment: _____	Parts of the species requested: Carcass ____ Wings ____ Tail ____ Talons ____ Comment: _____	Feather Details (Type and No., not to exceed 20 total): Adult: ____ Immature: ____ No Preference: ____ Male: ____ Female: ____ Primaries: - Left: # ____ Right: # ____ Total: # ____ Secondary: - Left: # ____ Right: # ____ Total: # ____ Tail Feathers: # ____ Plumes: # ____ Talons: # ____ Comment: _____
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I hereby certify that I am requesting migratory bird feathers and/or parts for ceremonial and religious purposes; and that the information submitted herein is complete and accurate.

Signature: _____ **Date:** _____

Repository Use Only:

Certificate #	The request for feathers has been reviewed and found correct and complete. Initials: _____ Date: _____
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