

# The Saginaw Chippewa Indian Tribe of Michigan

Tribal Clerk's Office, 7070 East Broadway, Mt. Pleasant, Michigan 48858, Phone: 989.775.4054, Fax: 989.775.4094

## Address Change for Tribal Children Members

**PARENT OR GUARDIAN: \*PLEASE PRINT\* the information below in full. DO NOT fill out this form for anyone 18 years of age or older.**

As the parent or guardian of the following child(ren) I, \_\_\_\_\_,  
attest that the following child(ren) reside with me at:

\_\_\_\_\_  
Number/Street                      Apartment/Lot                      City                      State                      Zip

The child(ren)'s mailing address is:

\_\_\_\_\_  
Number/Street                      Apartment/Lot                      City                      State                      Zip

PHONE(S): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Print the names of the Tribal Member Children residing at the above address:

\_\_\_\_\_  
Child's Full Name                      / /                      M \_\_\_\_\_  
Birthdate                      SCIT Membership #

\_\_\_\_\_  
Child's Full Name                      / /                      M \_\_\_\_\_  
Birthdate                      SCIT Membership #

\_\_\_\_\_  
Child's Full Name                      / /                      M \_\_\_\_\_  
Birthdate                      SCIT Membership #

\_\_\_\_\_  
Child's Full Name                      / /                      M \_\_\_\_\_  
Birthdate                      SCIT Membership #

\_\_\_\_\_  
Child's Full Name                      / /                      M \_\_\_\_\_  
Birthdate                      SCIT Membership #

By signing below as the parent or guardian, I attest that the above named child/children reside(s) at the address listed above.

\_\_\_\_\_  
Signature of Parent or Guardian                      Date

SWORN and SUBSCRIBED before me, \_\_\_\_\_, a Notary Public in and for the State of

\_\_\_\_\_, County of \_\_\_\_\_, do hereby certify that \_\_\_\_\_

provided proper photo-identification that clearly identifies the person who executed the foregoing instrument as the above named person and

said person acknowledged the execution of the foregoing instrument to be his/her act and deed. Subscribed and sworn to me this \_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

In and for the State of \_\_\_\_\_

County of \_\_\_\_\_

My Commission Expires on \_\_\_\_\_