The Saginaw Chippewa Indian Tribe of Michigan Tribal Children's Welfare Program Application Affidavit - <u>PRINT CLEARLY</u> Tribal Clerk's Office, 7070 East Broadway, Mt. Pleasant, Michigan 48858, Phone: 989.775.4054

				IVI
*Name of Applicant (Pare	nt/Guardian)	*Phone Number	*Social Security Number	*SCIT Membership #
If you have not pro	vided us with a copy of j	your Social Security Card, ple	ase ATTACH Copy of you	r Social Security Card
				_
The child resides at	upon oath according to	o law, deposes and says: I ha	_	the facts set forth herein
The child resides at	*Street Address	Apartment #	City	State Zip
the mailing address is				
the maining address is_	*Street Address	Apartment #	City	State Zip
				•
During the period of	rt for the following me	to mbers of The Saginaw Chipp	ewa Indian Tribe of Mich	, I provided at
years of age and physic	eally reside with me at i	my place of residence at least	51% of the time during t	he same time period.
		, ,		
Child's Full Name			Social Security #	SCIT Membershin #
Clific S I un Ivanic		Diffilate	Social Security #	SCIT Wembership #
		/	Social Security #	M
Child's Full Name		Birthdate	Social Security #	SCIT Membership #
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Child's Full Name		Birthdate	Social Security #	SCIT Membership #
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Child's Full Name		// Birthdate	Social Security #	SCIT Membershin #
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		/	Social Security #	M
Child's Full Name		Birthdate	Social Security #	SCIT Membership #
		/ /		M
Child's Full Name		Birthdate	Social Security #	SCIT Membership #
COMPLETE TH	IIS FORM IN FULL. MI	UST BE SIGNED AND DATED	IN THE PRESENCE OF A	NOTARY PUBLIC
*Signature of Applicant's	(Parent/Cuardian)		Date	
"Signature of Applicant's	(rarent/Guardian)		Date	
STATE OF)			
COUNTY OF)ss.			
This instrument	t was acknowledged before	ore me on this day	of,_	; sworn and
subscribed before me by	<i></i>	·		
			Notary Public Signature	<u></u>
			, .	
			In and for the State of	
			County of	
			My Commission Expires	on
			Acting in	County