

Little Traverse Bay Bands of Odawa Indians
Enrollment Office
7500 Odawa Circle
Harbor Springs, MI 49740
(231) 242-1520 • (231) 242-1521 • (231) 242-1522
Fax: (231) 242-1526

enrollment@ltbbodawa-nsn.gov

## RELEASE OF INFORMATION FROM LTBB DECEASED FILE

Name of deceased citizen	you are inquiring about:		
Document(s) requested:	☐ Birth Certificate	☐ Marriage License	☐ Death Certificate
* Any other do	cuments may only be released	by authorization from an order of	f the Tribal Court*
	REQUESTOR IN	FORMATION	
	LTBE	B # □ Not	Enrolled
Name of Requestor			
Relationship to the decea	sed citizen:		
	ner □ Son □ Daug	ghter □ Sister □ Bro	other
If you are not an LTBB of	citizen you must provide	Proof of Kinship to the de	eceased citizen.
Signature		Date	
	Office Us	e Only	
File request and copies s	upporting documentation	in the deceased's file.	
Deceased's Enrollment	#		