Little Traverse Bay Bands of Odawa Indians
Enjiboozbiigeng
Enrollment Office
7500 Odawa Circle
Harbor Springs, MI 49740
(231) 242-1520 * (231) 242-1521 * (231) 242-1522
E: enrollment@ltbbodawa-nsn.gov
F: (231) 242-1526

# MINOR CHILD/WARD OF THE COURT ADDRESS VERIFICATION FORM

**(Form MUST be completed for all minor children 17 and younger.)**

- Parents/Custodian Parent/Legal Guardians must complete this original form AND have it **notarized.**
  ***If you are the Legal Guardian or Custodial Parent, please submit proof of guardianship or custody.**
- This form must be completed every year until the minor turns 18.
- Return to the Enrollment Office via Mail, Email, or Fax.

I am a Parent/Custodian Parent or Legal Guardian of: _____
Full Name of Child (First, Middle, Last)

Date of Birth: _____ LTBB Citizenship #: _____ Social Security #: _____

**If Mail Is Received at a Post Office Please Also Include the Physical Address.**

**Mailing Address:** _____
City: _____ State: _____ Zip Code: _____
County of Residence: _____ Township: -Please Select One-
Phone Number: _____ Email address: _____

**Physical Address:** _____
City: _____ State: _____ Zip Code: _____
County of Residence: _____ Township: -Please Select One-

☐ Check to receive Odawa Trails Newsletter for Child. (Only one per Household and Parent not enrolled.)

I am the parent or legal guardian of the above listed child and have attached the required documentation. I understand and agree that this child or ward is entitled to receive a per capita distribution check from the net gaming revenues of the Little Traverse Bay Bands of Odawa Indians. I will ensure that these funds are used for the health, education or welfare of my child or ward AND for absolutely no other purpose. I understand that I may be required to submit an accounting of the expenditure of these funds to the Tribe.

Minor children who may be wards of the Tribal Court or any other court of competent jurisdiction will have their checks forwarded to the Tribal Court and the Judge will determine to whom the funds will be disbursed for the child's health, education, or welfare, and require such accounting as the Court deems appropriate.

_____ _____
Print Parent/Legal Guardian Name | Print Full Name of Child (First, Middle, Last)

_____ _____ Print
Signature of Parent/Legal Guardian | Date

## NOTARY PUBLIC

Acknowledged before me in _____ County, State of _____

on _____ , 20 _____ by _____
(Month/Day) (Parent/Legal Guardian Name)

_____
(Notary Public Signature AND Printed Name)

Stamp/Seal

My Commission Expires on: _____

LTBB STAFF USE ONLY. DO NOT WRITE BELOW THIS LINE.

Enrollment: _____ DOE: _____ Sent to Accounting: _____