

The Saginaw Chippewa Indian Tribe of Michigan
Address Change for Tribal Children Members

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

PARENT OR GUARDIAN: \*PLEASE PRINT INFORMATION CLEARLY AND SIGN IN FRONT OF A NOTARY BEFORE MAILING\* Fill out 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

HOME PHONE: ( ) - CELL PHONE: ( ) -

EMAIL: \_\_\_\_\_

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

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

This instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_; sworn and subscribed before me by \_\_\_\_\_.

STATE OF \_\_\_\_\_ )
)ss.
COUNTY OF \_\_\_\_\_ )

Notary Public Signature
In and for the State of \_\_\_\_\_
County of \_\_\_\_\_
My Commission Expires on \_\_\_\_\_
Acting in \_\_\_\_\_ County