



Little Traverse Bay Bands of Odawa Indians  
 Enrollment Office  
 7500 Odawa Circle  
 Harbor Springs, MI 49740  
 (231) 242-1520 ■ (231) 242-1521



**MINOR CHILD/WARD OF THE COURT ADDRESS VERIFICATION FORM**

**(All minor children 17 and under MUST complete his form.)**

**If you have a Post Office box, please include your street address.**

- Parents/Legal Guardians must complete this original form AND have it **notarized**.
- This form must be updated every year.
- DO NOT SEPARATE.
- Photocopies or Faxes are not accepted.

I am a Parent or Legal Guardian of \_\_\_\_\_,

Date of Birth: \_\_\_\_\_ Tribal Membership #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

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, welfare, and require such accounting as the Court deems appropriate.

\_\_\_\_\_  
 Printed Full Name of Minor Child

\_\_\_\_\_  
 Parent/Legal Guardian Printed Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Legal Guardian Signature

**NOTARY PUBLIC**

Acknowledged before me in \_\_\_\_\_ County, State of \_\_\_\_\_, on  
 \_\_\_\_\_ (month/day), 20 \_\_\_\_ by \_\_\_\_\_.

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

Stamp/Seal

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

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 TO BE COMPLETED BY LTBB STAFF-Do not write below this line.

Copy: Enrollment \_\_\_\_\_  
 Office

DOE: \_\_\_\_\_

Copy: Accounting \_\_\_\_\_