The Saginaw Chippewa Indian Tribe of Michigan Tribal Children's Welfare Program Application Affidavit - <u>PRINT CLEARLY</u> Tribal Clerk's Office, 7500 Soaring Eagle Blvd., Mt. Pleasant, Michigan 48858, Phone: 989.775.4054

*Name of Applicant (Parent/Guardian)		*Phone Number	*Social Security Number	*SCIT Membership #
If you have not provid	led us with a copy of	your Social Security Card, pla	ease ATTACH Copy of you	ur Social Security Card
being first duly sworn, up The child resides at	oon oath according to	o law, deposes and says: I ha	ave personal knowledge of	f the facts set forth herei
	*Street Address	Apartment #	City	State Zip
the mailing address is	*Street Address			
Email	*Street Address	Apartment #	City	State Zip
			-	
least 51% of the support	for the following men	to mbers of The Saginaw Chip	pewa Indian Tribe of Micl	, I provided at higan who are under 18
		my place of residence at leas		
		/ /		M
Child's Full Name		Birthdate	Social Security #	SCIT Membership #
		/ /		M
Child's Full Name		Birthdate	Social Security #	SCIT Membership #
		/ /		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 Membership #
		/ /		M
Child's Full Name		Birthdate	Social Security #	SCIT Membership #
COMPLETE THIS	S FORM IN FULL. MI	UST BE SIGNED AND DATEI	O IN THE PRESENCE OF A	NOTARY PUBLIC
*Signature of Applicant's (I	Parent/Guardian)		Date	
This instrument w	vas acknowledged befo	ore me on this day	of,	; sworn and
subscribed before me by _		·		
STATE OF	,		Notary Public Signature	
STATE OF) ss. COUNTY OF)			In and for the State of	
COUNTY OF)		County of	
			My Commission Expires on	
			Acting in	County