

Kaibab Band of Paiute Indians



ADULT KPT TRIBAL MEMBER DISTRIBUTION INFORMATION FORM

REQUIRED INFORMATION

1. Legal Name of Enrolled Member (type or print legibly):

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First

MI

Last

2. Mailing Address:

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Street and number or post office box

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City

State

Zip Code

NOTE: This is the official address where information related to your General Welfare distribution will be sent and your official address for Tribal affairs. This is the address to which the General Welfare distribution check will be mailed if you do not pick up the check at the designated General Welfare distribution point. If you reside outside the United States, insert address information according to that country's mail system.

3. Tribal ID Number:

2-617-UO-

(REQUIRED)

4. Date of Birth:

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(REQUIRED)

5. Social Security Number:

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(REQUIRED)

6. Contact Phone Number:

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7. Email Address:

--	--	--	--	--	--	--	--	--	--

Dated: _____

(Signature of Person name in Question 1)

Dated: _____

(Notary)

(Printed Name)

Notary Mailing Address:

Street and number or post office box

City

State

Zip Code

Tribal Enrollment

HC 65 Box 2
Pipe Spring, Arizona 86022

Phone (928) 643-7245
Fax (888) 431-3694