

Kaibab Band of Paiute Indians



MINOR KPT TRIBAL MEMBER DISTRIBUTION INFORMATION FORM

REQUIRED INFORMATION

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

First	MI	Last

Tribal ID Number: (REQUIRED)

3. Minor's Date of Birth: (REQUIRED)

2-617-UO-

4. Minor's Social Security Number:

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(REQUIRED)

5. Legal Name of Parent/Legal Guardian responsible for Minor Member

First	MI	Last

3. What is the relationship to the minor? _____

4. Mailing Address of Parent or Legal Guardian:

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Street and number or post office box

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City

State

Zip Code

NOTE: This is the address where information related to the minor's General Welfare distribution will be sent and their official address for Tribal mailings as well as Providence Trust. If you reside outside the United States, insert address information according to that country's mail system.

6. Contact Phone Number of Parent/Legal Guardian:

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7. Email Address of Parent/Legal Guardian:

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Dated: _____

(Signature of Parent/Legal Guardian)

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