

**KAIBAB PAIUTE TRIBE
MEMBERS UNDER THE AGE OF 18**

**PERCAPITA FORM
REQUIRED INFORMATION**

1. Minors Tribal I.D. Number: _____

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

First Name	M.I.	Last Name (include Jr. or Sr.)

3. Legal Name of Parent or Legal Guardian responsible for Minor:

First Name	M.I.	Last Name (include Jr. or Sr.)

4. What is the relationship to the minor: Parent Legal Guardian

5. Mailing address of Parent or Legal Guardian responsible for minor (type or print):

Street and Number or Post Office Box

City	State	Zip Code

Note: This is the address where information related to the minor's per capita distribution will be sent. If you reside outside the United States, insert address information according to the country's mail system.

6. Minor's Date of Birth:

Month	Day	Year

7. Minor's Social Security Number:

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You must provide a copy of the minor's Social Security Card with this Certificate.

8. Parent or Legal Guardian's Phone Number: _____
Area Code Phone Number

(Signature of Person named in Question 3)

Date

(Notary)

Date

Notary Seal