Siletz Tribal History Book Request Form (One per enrolled tribal member)

First Name	Last Name		M.I	Roll #:		
If you are ap	oplying on behalf	of a tribal member wh	o is a minor, pl	ease list minor's nam	e here:	
First Name		Last N	ame	M.I	Roll #:	
Street Addre	ess					
Mailing Add	dress:				his is a new address	
City			State	Zi	p	_
Phone Num	ber(s)		E-ma	ail Address		
Return fo identifica picture id	and am an enrolledependent. The strength of t	ohotocopy of picture and date form in the	at I am signing Ve Sign	on behalf of a minor		er who
STATE OF COUNTY O)F	INDIVIDUAL))	ACKNOWLE	DGEMENT		
On the	day of	, 201,		, personally appe	ared before me:	
cred individocu	whom I know personally. whose identify I verified on the basis of, a credible witness who produced their photographic ID and who verified on oath or affirmation, that the ndividual appearing before the notary public as the signer of the document is the person named in the document.					
	whose identify I verified on the basis of, a credible witness who produced their photographic ID and who verified on oath or affirmation, that they are completing this form on behalf of a tribal member minor.					
				Notary Public		
				My Commission	expires:	