

The Per Capita Department is required to keep complete and accurate records for reporting purposes relating to individual tribal members and their per capita distributions. The following is required in order to update member information.

- ❖ Show a current valid I.D. card with picture and signature to the Notary.
- ❖ A completed W-9 form must be returned with this form or it will not be processed. Checks will be sent to the address on the W-9. If a blank W-9 is not attached, print the form from www.irs.gov.
- ❖ Legal guardians must submit an original or official copy of any legal documentation verifying their guardian status unless one has already been filed with the Per Capita Department. Please send by certified mail. Your documents will be returned.
- ❖ If there is a name change, submit original or official copies of the marriage license or other legal documentation verifying the change. Please send by certified mail. Original documents will be returned.
- ❖ **Faxes or copies will not be accepted by Per Capita.**
- ❖ **If this page is not notarized, both forms will not be processed.**

Roll # 2801A _____	
Adult's Current Full Legal Name _____	Birth Date _____
Physical Street Address (not a mail box or forms will not be processed) _____	
Physical City/State/Zip Code _____	
(Optional) For purposes of crisis and burial assistance <u>only</u> , I hereby name the following individual(s) as my next of kin:	
(1) _____	(2) _____
Relationship _____	Relationship _____

Notice Regarding False Statements

Whoever, in any matter within the jurisdiction of any Department or Agency of the United States knowingly and willfully falsifies, or covers up by trick, scheme, or devise a material fact or makes a false, fictitious, or fraudulent statement or representation or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, may be punished by fine, imprisonment, or both. (8 U.S.C., Section 1001).

I have read and understand the preceding Federal Law, and I verify that I am the above stated adult & on the W-9 OR a legal guardian for the adult listed above & on the W-9.

Signature

Date

THIS BOX FOR NOTARY USE ONLY (if an ID is not indicated then individual is regarded as being personally known by Notary)

Adult's ID presented to Notary: Tribal ID card(NO PAPER) State Driver's License State Issued ID card Military ID card

Roll 2801A _____ No. _____ expires _____ Branch _____
TRIBAL ID CARD(NO PAPER) STATE OR MILITARY LICENSE/ID MILITARY ID

State of _____

County of _____

Subscribed and sworn to before me this

_____ day of _____, 20_____

Notary Public

(seal)