



TOHONO O'ODHAM NATION
ADULT VERIFICATION FORM
 ENROLLMENT PROGRAM
 POST OFFICE BOX 250 SELLS, ARIZONA 85634
 PHONE # (520) 383-8700

SECTION I – GENERAL INFORMATION

First Name	Middle Name	Last Name	Jr, Sr, I, II, III
Enrollment Number	District	Date of Birth	
Gender: <input type="checkbox"/>			
<input type="checkbox"/>			
Male	Social Security Number	Tax Identification No. (if no Social Security Number	
Female	Attach copy of	Attach copies of	
	Social Security Card	documents confirming Tax ID No.	

SECTION II – ADDRESS AND PLACE OF RESIDENCE

NOTE: This is the address where your Per Capita payment or related information will be sent. If you reside outside of the United States, insert the above address information according to the resident country's mail system.

Mailing Address _____
 (Street number or Post Office Box, include apartment number if applicable)

 (City) (State) (Zip)

Place of Residence: _____
 City / Community State (of Country if not U.S.)

Contact Phone Number: _____

SECTION III – NOTARY

STATE OF: _____
 COUNTY OF: _____
 NOTARY PUBLIC SIGNATURE: _____
 EXPIRATION DATE: _____
 ADDRESS: _____

SIGN DOCUMENT IN THE PRESENCE OF A CERTIFIED NOTARY.
 By executing this form you certify under penalties of perjury that you have legal authority to sign this form.

Signature	Date
Print Name	

FOR OFFICIAL ENROLLMENT OFFICE USE ONLY

The Tohono O'odham Nation Enrollment Office verifies that _____ is eligible for the Per Capita payment.

97
 99
 3rd
 4th

(Enrollment Office)	(Date)