



Salt River
PIMA-MARICOPA INDIAN COMMUNITY

Community Development Department
Membership and Real Property Management
10005 E. OSBORN RD. SCOTTSDALE, ARIZONA 85256-9722
PHONE (480) 362-7600, FAX (480) 362-7714

MINOR/PROTECTED PERSON INFORMATION-VERIFICATION FORM

1. Tribal ID Number: _____

2. Name of Minor/Protected Person:

First Name

Middle Name

Last Name (Include Jr. or Sr.)

Date of Birth

Social Security Number

3. Name Change:

First Name

Middle Name

Last Name (Include Jr. or Sr.)

***MUST ATTACH LEGAL DOCUMENTATION OF NAME CHANGE (COURT ORDER)**

4. Parent/Guardian: *The designated parent or guardian name and address must match the name submitted to Providence First Trust Company.*

First Name

Middle Name

Last Name (Include Jr. or Sr.)

***MUST ATTACH LEGAL DOCUMENTATION OF GUARDIANSHIP (COURT ORDER)**

5. Mailing Address:

Street Address or Post Office Box

City

State

Zip Code

6. Email Address: _____

7. Phone Number(s):

Home: () _____

Cell: () _____

Other: () _____

8. Signature:

Parent/Guardian

Date

Although both parents/guardians may live together and with the minor or protected person, only one parent/guardian is on file with Providence First Trust Company and SRP-MIC Membership as the designated parent or guardian for this person.

For changes without a court order, the previously designated parent must agree to the change below:

Name of previously designated parent

Signature of previously designated parent

Date