CERTIFIED FAMILY TREE

REQUEST FORM

RETURN TO THE TRIBAL CLERK'S OFFICE

Requestor:

_____
First Name **Middle Name** **Last Name**

_____
Mailing Address (Physical Address and P.O. Box)

_____
Phone Number **E-mail Address**

Name of Estate:

_____
First Name **Middle Name** **Last Name**

Spouse:

_____
First Name **Middle Name** **Last Name**

Divorced Spouse:
(if applicable)

_____
First Name **Middle Name** **Last Name**

Life Partner:
(List if they have children)

_____
First Name **Middle Name** **Last Name**

Children:

_____
First Name **Middle Name** **Last Name**

_____
First Name **Middle Name** **Last Name**

_____
First Name **Middle Name** **Last Name**

_____
First Name **Middle Name** **Last Name**

_____
First Name **Middle Name** **Last Name**

Grandchildren:

_____
First Name **Middle Name** **Last Name**

_____

First Name **Middle Name** **Last Name**

_____

First Name **Middle Name** **Last Name**