



# CONFEDERATED TRIBES of the GOSHUTE RESERVATION

195 Tribal Center Road  
HC 61, Box 6104  
Ibapah, Utah 84034  
435-234-1138 (office)

## CUSTODY AND ADDRESS VERIFICATION FORM FOR MINOR TRIBAL MEMBER

Use of this form is for the release of monies entitled to the minor from the Tribe's annual funds distribution. Only the primary provider with legal authority can complete this form for the minor child. **All legal custodians and/or legal guardians must submit proper paperwork proving legal custody over the below named minor.** If you have more than one child, please complete one form in its entirety for each child.

Child's Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Enrollment No. \_\_\_\_\_ Social Security No. \_\_\_\_\_ Your Relationship to Minor \_\_\_\_\_

Male  Female  Home Phone No. \_\_\_\_\_ Mobile/Other Phone No. \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

CURRENT ADDRESS FOR CHILD AND PARENT OR GUARDIAN – THIS WILL BE REFLECTED ON THE CHECK		
Full Name of Parent or Legal Guardian:		
Mailing Address:		
City:	State:	Zip Code:

INDIVIDUALS APPLYING FOR MINOR'S FUNDS ARE REQUIRED TO READ AND SIGN THE FOLLOWING STATEMENT:

1. I am the legal custodial parent or legal guardian of the above named minor.
2. All information contained herein is true and accurate.
3. I understand that this money is for the benefit of the minor will be used accordingly.
4. I agree to be subject to the laws of the Confederated Tribes of the Goshute Reservation and/or applicable federal law if there are any legal claims or causes of action against me as a result of accepting money for the above-named minor.
5. If I misuse this money, or if I am not the legal custodial parent or guardian, I will be subject to civil and/or criminal prosecution by the proper law enforcement agency.
6. The documents that I am providing as proof of my legal custody or legal guardianship of the above named minor are: current and binding; and true and accurate copies.
7. I am signing the statement voluntarily and swearing to the truth and veracity of all statements herein.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 2022,  
I certify that the signer of the foregoing  
instrument, personally appeared before me,  
produced satisfactory identification and while  
under oath or affirmation, voluntarily signed  
this document and acknowledged to me that  
he/she executed the same.

(Notary Seal)

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Printed Name

State: \_\_\_\_\_ Expiration: \_\_\_\_\_