

**CHEYENNE RIVER SIOUX TRIBE
SALAZAR PER CAPITA DISTRIBUTION REQUEST FORM**

I, _____, born on _____ do hereby acknowledge that I am an enrolled member of the Cheyenne River Sioux Tribe. My enrollment number is _____. My current address is: _____.

APPLICATION FOR MINOR CHILDREN (IF ANY):

I have legal custody of the following minor children:

- Name: _____ DOB: _____ Enrollment # _____
- Name: _____ DOB: _____ Enrollment # _____
- Name: _____ DOB: _____ Enrollment # _____
- Name: _____ DOB: _____ Enrollment # _____

(attach additional sheets if necessary)

Attach Documentation:

- REQUIRED**
1. Copy of government-issued photo ID (Tribal, state, or federal) for applicants over 18 years old
 - See Instructions* 2. Most recent court order regarding legal custody of each child (if any)
 - See Instructions* 3. Copy of most recent federal income tax return showing that you received the federal dependent exemption for any claimed child(ren) (if no court order)
 - See Instructions* 4. CRST Form 2 - Signed Joint Stipulation as to Minor Child's CRST Per Capita Payment
 - See Instructions* 5. CRST Form 3 - Affidavit of Sole Parent as to Legal Custody of Minor Child(ren)
 - See Instructions* 6. Copy of legal conservatorship order if applying on behalf of incompetent adult

By signing below, I hereby certify that the above information is correct. By claiming the "Salazar" per capita distribution for myself, any above-listed minor children, or another person for whom I am legal guardian, I hereby release the Cheyenne River Sioux Tribe from any liability whatsoever that may arise related to the distribution of these funds.

Date Applicant

I request that my per capita check, and the checks for any other members listed above, be distributed to me (check one):

_____ In Person _____ Via US Mail _____ Held by Tribe

IMPORTANT: If requesting payment via US Mail you must have this application notarized

Subscribed and sworn to before me this _____ day of _____, 2014.

Signature of Notary Public My Commission Expires:

!! DO NOT FAX THIS FORM !!
If requesting payment via US Mail, please return this form and required attachments to:
**Cheyenne River Sioux Tribe
Tribal Enrollment Office, Attn: Charlene Anderson,
PO Box 590, Eagle Butte, SD 57625**