



Mille Lacs Band of Ojibwe
Per Capita Declination Form

Tribal ID No. 410B-_____

Name_____

Mailing Address_____

City_____ State_____ Zip_____

Social Security #_____-_____-_____ Date of Birth_____

County of Residence_____ Telephone No._____

I hereby decline my Per Capita payment(s) from date(s)
_____ , _____ to _____ , _____ and I
understand I will not receive this payment(s) in arrears at a future.

Signature_____ Date _____

For Notary Public use

Certificate of Notary Public

Subscribed and sworn to before me

this _____ day of _____, _____

Signature_____

Commission Expires_____

Notary Stamp or Seal

Fax or Photocopies are not accepted, for additional information; please contact Chris Waite (320)532-7819. Mail to: Mille Lacs Band of Ojibwe
Office of Management and Budget
43408 Oodena Drive
Onamia, MN 56359