



PUEBLO DE SAN ILDEFONSO

DISTRIBUTION FORM FOR TRIBAL MEMBERS UNDER AGE OF 18 AS OF December 13, 2024

I, _____, hereby certify that I am the custodial parent or legal guardian of the minor child(ren) listed below, who is/are in my custody and care. The Pueblo de San Ildefonso Finance Department reserves the right to verify the information you provide.

Child's Name (First, Middle, Last)	DOB	Enrollment #	Social Security #	Relationship to Minor

I authorize the Pueblo de San Ildefonso to give the 2024/2025 Distribution to me as the custodial parent or legal guardian of the above named minor child(ren), on behalf of and for the benefit of the named minor child(ren).

I certify and attest that the information furnished on this form is true and correct to the best of my knowledge and that the Pueblo de San Ildefonso Finance Department may rely on and verify this information to authorize the funds for the named minor child(ren) as provided in the Pueblo de San Ildefonso 2023 Distribution Plan. I further agree and acknowledge that I may be held personally responsible for funds falsely distributed to me to the fullest extent of Tribal and Federal law. _____(Initial)

I, _____, custodial parent or legal guardian of the above named minor child(ren) have read and understand my personal legal liability for, including repayment of, any funds received from false information.

Signature of Custodial Parent/Legal Guardian

STATE OF _____

COUNTY OF _____

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

(SEAL)

Notary Public

My Commission Expires: _____