



United Warrior Band of the Seminole Nation
P.O. B10237
Killeen, TX 76547-0237

STATEMENT UNDER OATH

I, the undersigned: _____ Occupation: _____

Address: _____ City: _____ Prov/State: _____

Postal code/Zip: _____ Date of Birth: Day _____ Month _____ Year _____

Telephone Number: _____ Other Contact Number: _____

Email Address: _____

I, the undersigned: _____ do declare that:

- 1). My identity is as noted above.
- 2). That I am of Aboriginal origin or descendant from Aboriginal Ancestors as follows:

I am a member or/was a member of an Aboriginal Group:

I am or/was an Indian member of a community or band:

- 3). I can prove my Aboriginal identity with documents or recognized status of a family member or Aboriginal community.
- 4). I commit myself to respect the laws and rules of : The UNITED WARRIOR BAND of the SEMINOLE NATION/JOHN HORSE BAND, and it's Tribal Council.
- 5). To the best of my knowledge all information thereof is true:

IN GOOD FAITH, I sign this statement on this _____ day of _____ 20____, **Must be witnessed by a Solicitor or Notary, Civil Servant (Justice of the Peace) etc.**

Signature of Applicant: _____, Date: _____

Signature of Witness: _____, Date: _____