

November 08, 2024

**Pueblo of Isleta
Per Capita Distribution
Record Sheet**

(Please Print)

NAME: _____

TRIBAL ID#: _____

ADDRESS: _____

DATE OF BIRTH: _____

CHECK #: _____

BLOOD DEGREE: _____

I, _____, have primary custody and am responsible for the support of the following minor(s) and will pick up their check(s).

NAME OF MINOR	D.O.B.	TRIBAL ID#	BLOOD DEGREE	CHECK #
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____

I, _____, certify that I have received per capita distribution check(s) for the name(s) listed on this sheet.

Signature

Date