## 2025 Per Capita Distribution Notarized Letter – Authorization for Pick Up

I,	[Tribal Member's legal name] hereby certify that I am a			
duly enrolled member of the Pueblo	of Isleta eligible for	the December 20	025 Per Capita	
distribution. I authorize		to pick u	p my Per Capita	
distribution on my behalf.				
I certify that I have attached a photo	copy of my valid Tri	ibal ID or State-is	ssued ID/Driver's	
license and provided all of the relevant	ant identification inf	ormation required	d by this form.	
Thank you,				
Signature	Printed Name		Date	
Tribal ID Number				
Date of Birth				
Phone	_			
Email				
State of				
County of				
Subscribed and sworn before me thi			,	by
Notary Public		My Commission Expires		