Indian Township Tribal Government Census Department
P.O. Box 301, Princeton, ME. 04668
Phone: (207) 796-6114 Fax: (207) 796-2640

Address Certification

Last Name **First Name** **Middle Suffix**

Full Name of Minor's Parent / Legal Guardian / Power of Attorney if Applicable

_____ _____

Social Security / Social Insurance # **Date of Birth**

Mailing Address: _____

City **State** **Zip Code** **Country**

Legal Physical Residence: _____

Street Address (No P.O. Box)

City **State** **Zip Code** **Country**

Telephone # _____ **Cell/Alt #** _____

Email: _____

Marital Status: Single _____ **Married** _____ **Divorced** _____ **Widow** _____ **Other** _____

Are you in the Military: _____ **Are you in School:** _____

_____ **Resident** _____ **Service Area** _____ **Non-Resident of Indian Township, ME.**

Are you listed as a Member of another Tribe, Band or Nation? Yes _____ **No** _____

If Yes, please provide the Name and Address of Tribe, Band or Nation: _____

_____

_____ _____

Signature of Member or Parent/Guardian **Date** **Notary/or Census Clerk Commissioner of Oaths** **Date**

_____

Date Commission Expires

THIS FORM MUST BE RETURNED BY SEPTEMBER 30TH OF EACH YEAR

NO CHANGE OF ADDRESS WILL BE DONE OVER THE PHONE. IT IS YOUR RESPONSIBILITY TO CONTACT THIS OFFICE AND REQUEST AN ADDRESS CERTIFICATION FORM. UPON RETURN OF THIS FORM YOUR ADDRESS WILL BE CHANGED.