
Date of Application

File Number

Date Certificate Filed



**Little Traverse Bay Bands of Odawa Indians
7500 Odawa Circle
Harbor Springs, MI 49740**

AFFIDAVIT FOR LICENSE TO MARRY

LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS JURISDICTION, MICHIGAN

The undersigned, being duly sworn, depose(s), and say(s) that:

AND

FULL NAME (FIRST, MIDDLE, LAST) MALE FEMALE

FULL NAME (FIRST, MIDDLE, LAST) MALE FEMALE

LAST NAME BEFORE FIRST MARRIED, IF DIFFERENT

LAST NAME BEFORE FIRST MARRIED, IF DIFFERENT

PRESENT AGE

DATE OF BIRTH

PRESENT AGE

DATE OF BIRTH

TRIBE AFFILIATION, IF ANY

TRIBE AFFILIATION, IF ANY

PHYSICAL ADDRESS

PHYSICAL ADDRESS

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

COUNTY OF RESIDENCE

TIMES PREVIOUSLY MARRIED

COUNTY OF RESIDENCE

TIMES PREVIOUSLY MARRIED

BIRTHPLACE - CITY AND STATE

BIRTHPLACE - CITY AND STATE

FATHER'S FULL NAME

FATHER'S FULL NAME

MOTHER'S FULL NAME BEFORE FIRST MARRIED

MOTHER'S FULL NAME BEFORE FIRST MARRIED

FATHER'S BIRTHPLACE

MOTHER'S BIRTHPLACE

FATHER'S BIRTHPLACE

MOTHER'S BIRTHPLACE

CONSENT TO CIVIL JURISDICTION OF THE TRIBE

Both parties attest that they are subject to the civil jurisdiction of the Little Traverse Bay Bands of Odawa Indians, or if they are not subject to the civil jurisdiction of the Little Traverse Bay Bands of Odawa Indians, give their consent to be subject to the civil jurisdiction of the Little Traverse Bay Bands of Odawa Indians for the purpose of obtaining this marriage license.

INITIAL

INITIAL

I, we, intend to marry and that this affidavit is made for the purpose of obtaining a marriage license; that each of the above-named persons is not related to the other within the degree prohibited by the WOS 2023-017 Marriage Statute and is of sufficient mental capacity to contract marriage; that said persons are acquainted with the laws of the Little Traverse Bay Bands of Odawa Indians relative to marriage; that there is no legal impediment to said marriage; and that to the best of knowledge and belief of the undersigned all of the foregoing statements are true.

SIGNATURE _____

SIGNATURE _____

SOCIAL SECURITY NUMBER _____

SOCIAL SECURITY NUMBER _____

Subscribed to before me a Notary Public in _____ County, State of _____ and whose commission expires on _____, 20____. Subscribed and sworn to me on _____, 20____.

NOTARY PUBLIC SIGNATURE _____

Stamp & Seal