LAST NAME FIRST NAME MIDDLE NAME

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being of legal age, hereby

 PLEASE PRINT FULL LEGAL NAME

give my consent to have my name enumerated on the census roll of the Mendota Mdewakanton Dakota Tribal Community of the State of Minnesota.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ENROLLEE SIGNATURE DATE SIGNED

**Notary of the Public**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being a duly sworn Notary

 PLEASE PRINT NAME

of the Public, from the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on this day the \_\_\_\_\_\_\_\_,

 PLEASE PRINT

In the month of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the year 20\_\_\_\_\_\_\_.

The person, named above, did sign this Enrollment Consent Form 1001 in my presence.

 **Notary Stamp**

 **or**

 **Seal**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY SIGNATURE DATE SIGNED

BELOW THIS LINE IS FOR ENROLLMENT COMMITTEE ONLY