WINNEBAGO TRIBE OF NEBRASKA

Tribal Enrollment Office PO Box 687 Winnebago, NE 68071

PATERNITY AFFIDAVIT
FOR ENROLLMENT PURPOSES FORM

I, _____ acknowledge that I am the biological father of
Father's Full Name

_____, born to _____
Child's Full Name Mother's Full Maiden Name

on _____.
Month Day Year

Father's SSN: _____ - _____ - _____ Date of Birth: _____

_____ _____
Father's Signature Date

If an applicant is born out of wedlock, s/he shall be deemed to possess one-half of the total degree of the Winnebago Indian blood possessed by one or both parents who are Winnebago Indian. If the father's name does not appear on the applicant's state issued birth certificate, the father shall acknowledge paternity by signing a notarized paternity affidavit. Furthermore, if required by the Tribal Enrollment Committee, DNA testing must be complied with at the applicant's expense. Failure to do so will result in the applicant being denied.

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STATE OF: _____

COUNTY OF: _____

Sworn to and subscribed to before me this _____ day of _____, _____.

_____
Notary Signature

Address of Notary Public: _____ My Commission Expires: _____

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YOUR SIGNATURE ON THIS FORM INDICATES THAT YOU HAVE RECEIVED AND READ THIS INFORMATION