



**APPLICATION FOR USE
DELAWARE TRIBE OF INDIANS
TRIBAL SEAL**

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ EMAIL _____

Purpose for use of Delaware Tribe of Indians Tribal Seal

Estimated Duration of Use _____ to _____

Are you of Delaware Descent? _____

Signature of Applicant _____

Date _____

Subscribed & Sworn to this _____ day of _____ 20 _____

Notary _____

Comm# _____ Comm exp _____

Approved by the Tribal Council on _____