



Department of the Secretary of State

Bureau of Motor Vehicles

Certification of Membership
Wabanaki Confederacy

I certify that

Name Printed or Typed

Date of Birth

Whose address is

Address

is a member

of the following tribes: **Penobscot, Passamaquoddy, Maliseet, Micmac Tribe**

Signature of Tribal Official

Office held by Official

Printed or Typed Name of Tribal Official

Date