

SENECA NATION CLERK'S OFFICE

Mailing Address: P.O. Box 231 Salamanca, NY 14779-0231

Telephone: (716) 945-1790 or (716) 532-4900

APPLICATION FOR REGISTRATION WAIVER

First Name:		_M.I	Last Name:	
Enrollment #Clan:		Date of Birth:		th:
Address:				·
City:			State	Zip
Phone/Cell #:	Email	Address:		
				annual in-person registration
(Print Name)	requi	rement for t	he following reas	son:
☐ Military Waive	er (Military Order)			
☐ Medical Waive	er (Current original d	documentatio	n must be attached	l from physician)
☐ Incarceration (Documentation attac	hed)		
☐ Probation/Paro	le (Probation indica	ting no travel	permitted)	
\Box Other (Reason)	for Financial burden	will not be co	onsidered)	
continue receiving any n	nonetary benefits (If I fail to do so,	Annuity che	ecks, Elders Ben	r on a yearly basis in order efits, Disability Benefits, et not be eligible to receive a
Signature:		Date:		
, · ·	nust be "Notarized")			
Notary:		(Clerk's Offic	ce Use Only)	
		Date Recei	ived:	Address Confirmed: Y
			ed	Staff Initials:
		Comments	:	
		Mailed cor	by to applicant on:	