

APPLICATION FOR A MARRIAGE LICENSE

NOTICE: The Pokagon Band of Potawatomi Indians *Marriage Code* prohibits the issuance of a marriage license earlier than three (3) business days from the date the completed application is filed with the Court.



File No. _____

The Undersigned, being duly sworn, depose(s) and say(s) that:

FULL NAME (First, Middle, Last)			and	FULL NAME (First, Middle, Last)		
MAIDEN OR PREVIOUS NAMES (First, Middle, Last)				MAIDEN OR PREVIOUS NAMES (First, Middle, Last)		
POKAGON ENROLLMENT NO.	PRESENT AGE	DATE OF BIRTH		POKAGON ENROLLMENT NO.	PRESENT AGE	DATE OF BIRTH
STREET NO.	RESIDENCE NO.			STREET NO.	RESIDENCE NO.	
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE
BIRTHPLACE – CITY AND STATE				BIRTHPLACE – CITY AND STATE		
FATHER'S FULL NAME				FATHER'S FULL NAME		
MOTHER'S FULL BIRTH NAME				MOTHER'S FULL BIRTH NAME		
FATHER'S BIRTHPLACE (State or Country of Birth)	MOTHER'S BIRTHPLACE (State or Country of Birth)			FATHER'S BIRTHPLACE (State or Country of Birth)	MOTHER'S BIRTHPLACE (State or Country of Birth)	
NUMBER OF TIMES PREVIOUSLY MARRIED	COUNTY, STATE AND DATE WHERE MARRIAGES WERE TERMINATED			NUMBER OF TIMES PREVIOUSLY MARRIED	COUNTY, STATE AND DATE WHERE MARRIAGES WERE TERMINATED	

intend to marry and that this *Application* is made for the purpose of obtaining a marriage license; that each of the above named persons expressly consents to the personal jurisdiction of the Pokagon Band of Potawatomi Indians, the Tribal Court, and the Court of Appeals and waives all available defenses against such jurisdiction; that said persons are of the age required by law, are not currently married, are not related to the other within the degree prohibited by the Pokagon Band *Marriage Code* and are of sufficient mental capacity to enter into marriage; that said persons are acquainted with the laws of the Pokagon Band of Potawatomi Indians relative to marriage; that there is no legal impediment to said marriage; and that to the best knowledge and belief of the undersigned, all of the statements in this *Application* are true; and that the following certifications are attached:

- Written certification by a Pokagon Band health provider that educational materials regarding prenatal care and the transmission and prevention of venereal disease and HIV infection were provided to the marrying parties; and
- Written certification by a health provider or laboratory that each said person has taken an HIV test.

Signature: _____

Signature: _____

STATE OF MICHIGAN

County of _____

Subscribed to before me; a Notary Public of _____ County, acting in _____ County, and whose commission expires on _____, 20____; or other person authorized to administer oaths and sworn on _____, 20____.

Signature: _____

Daytime Phone: _____ Anticipated Wedding Date: _____