

**OSAGE NATION
CERTIFICATE OF DEGREE OF INDIAN BLOOD DEPARTMENT
627 GRANDVIEW
PAWHUSKA, OK 74056
(918) 287-5389**

AFFIDAVIT OF MATERNITY

STATE OF _____

COUNTY OF _____

I, _____, of lawful age, being a first duly sworn,
deposes and says as follows:

I hereby acknowledge I am the biological mother of _____
born on _____. I understand if I submit false information under oath
for the purpose of completely recognizing and acknowledgment of above child, this will
be a violation of law.

Biological Mother's Signature & Roll No.

Subscribed and sworn to before me this ____ day of _____, 20__.

The same as the person above appeared before me.

Notary Public

Commission Expires

Any intentional false statement in this claim or willful misrepresentation relative thereto, is a violation of the law, punishable by a fine of not more than \$10,000, imprisonment of no more than five (5) years, or both.. (18 U.S.C. 1001)