



## OSAGE NATION SEAL APPLICATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

### Purpose for use of Osage Nation Seal

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Duration of Use \_\_\_\_\_ to \_\_\_\_\_

Are you of Osage Descent? \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Subscribed & Sworn to this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Comm# \_\_\_\_\_ Comm. Exp. \_\_\_\_\_

Notary \_\_\_\_\_

**ONTC USE ONLY**

Approved By \_\_\_\_\_ Date: \_\_\_\_\_