

ENROLLMENT - CHANGE OF ADDRESS

LI	NKOL	LIVIL	ит - сп	AIVC		'F ADL	INL	33
First Name			Middle Name			Last	Name	
DOB			SSN				Roll	
Mailing Address	Street							
	City			State			Zip	
Physical Address If different from above	Street							
	City			State	_	Zip		
Home Phone				Mobile	Phone			
Please list all MINOR ENROLLED CHILDREN who will also need their address updated:								
(Child's Full Name)			(Date of Birth)		(SSN)			
(Child's Full Name)			(Date of Birth)		(SSN)			
(Child's Full Name)			(Date of Birth)		(SSN)			
(Child's Full Name)			(Date of Birth)		(SSN)			
Would you like for	the Enrolln	nent Depa	artment to forwa	rd your n	ew addr	ess to other	Caddo	Tribal Programs:
			Yes		No			
If Yes, check box			Tribal Tag Office	2	Tribal Election Board			
 PLEASE NOTE: The Enrollment Office cannot automatically update your information with another Department unless written consent and request is received from the Tribal Member. For consent and verification of request for an address change, any member over the age of 18 must sign their own change of address request form. An address cannot be updated until the Enrollment Office receives the signed change of address request form. 								
Member Signature:			Date:					
Member Signature: Date: ***** A copy of your photo ID must be submitted with address change *****								

FOR OFFICE USE ONLY

Staff Initials: _____

Date of Change: _____