## Kiowa Tribe Enrollment Department



P.O. Box 369 Carnegie, OK 73015 Phone: (580) 654-6327 Fax: (580) 654-2527

enroll@kiowatribe.org

## NAME CHANGE REQUEST

## A <u>COPY</u> OF ANY OF THESE LISTED DOCUMENTS ARE REQUIRED FOR A NAME CHANGE:

- ✓ Valid Driver's License or State Issued ID Card
- ✓ Marriage License or Divorce Decree to reflect name change
- ✓ Court Order for legal name change

NEW L	EGAL NAME:						
First Name			Middle Name		Last Name		
PREVIC	OUS NAME:						
First Name			Middle Name	Last Name			
DOB: SSN:				Enrollment #:			
Mailing	Address:			Physical Ad	dress: (If different	than mailing)	
Mailing Address				Physical Address			
City	State	Zip Code		City	State	Zip Code	
	<ul> <li>Name changes canname change reque</li> </ul>	ot be updated st form. II be forwarde	ige of 18 must sign thei I until the Enrollment D d to the Election Comn	epartment rec	eives a completed, sig		
SIGNATURE:***** A COPY OF YOUR PHOTO ID			MUST BE SUBMITTED WITH NAME CHANGE *****				
		F(	OR OFFICE USE O	NLY			