

CHANGE OF ADDRESS REQUEST FOR TRIBAL ENROLLMENT

FORT BELKNAP INDIAN COMMUNITY, 656 AGENCY MAIN STREET HARLEM, MT 59526

If you have any questions, call 406-353-8531 or 353-8532. Once completed, you can fax to 406-353-2691 or mail to the address listed above.

THIS FORM WILL BE USED TO CHANGE YOUR MAILING ADDRESS WHERE YOU RECEIVE MAIL SENT BY FORT BELKNAP TRIBES AND BUREAU OF INDIAN AFFAIRS.

1	ENROLLMENT NO.	204U _____		
2	NAME of Enrollee:	_____	_____	_____
		First	Full Middle Name	Last
		Suffix		
2	OTHER name used: Maiden OR Also Know As, ETC	_____	_____	_____
		First	Full Middle Name	Last
		Suffix		
2		_____	_____	_____
		First	Full Middle Name	Last
		Suffix		
3	ADDRESS CHANGE: (THE ADDRESS WHERE YOUR INFORMATION WILL BE MAILED)			
	FROM (OLD ADDRESS)		TO (NEW ADDRESS)	
	ADDRESS: _____ Street Address, PO Box, Rural Route Box		ADDRESS: _____ Street Address, PO Box, Rural Route Box	
	Apt. No., Building Name _____ City State Zip Code _____		Apt. No., Building Name _____ City State Zip Code _____	
4	DATE OF BIRTH: (MM/DD/YYYY)	____/____/____		
5	SOCIAL SECURITY NUMBER	____-____-____		
6	CONTACT TELEPHONE NUMBER(S)	() _____ () _____ Area Code Number Area Code Number		
7	YOUR SIGNATURE OR THUMBPRINT Your signature or thumbprint MUST be witnessed. If signature is not witnessed this form will be obsolete and no reissue will be processed. The witness must complete Section 9.	I certify that the information provided is true and correct. X _____		
8	DATE SIGNED (MM/DD/YYYY)	____/____/____		
This section must be completed for <u>all</u> requests. You must have a witness of your signature or thumbprint and the witness must complete section 9. The witness must be age 18 or older.				
9	Witness of Enrollee's Signature or Thumbprint <i>I, the undersigned, certify that this request was signed in my presence.</i> X _____ Witness Signature	Printed Name of Witness _____ Date _____ Street Address, Apt No, PO Box, Rural Route _____ Telephone Number _____ City State Zip Code _____		
O F F I C E U S E	COMPLETE FOR TELEPHONE REQUESTS			
	1. Telephone Request Received: Date: _____ Time: _____		2. Security Question(s): When Changes are Requested By Telephone, Verify the Identity by Using A Combination of Any Two of The Following:	
	*Use Security Questions in Part 2, to verify the caller's identity.		<input type="checkbox"/> Social Security Number (Last 4) <input type="checkbox"/> Date of Birth <input type="checkbox"/> Address of Record <input type="checkbox"/> Tribal Enrollment Number <input type="checkbox"/> Mother's Maiden Name	
	3. Tribal/BIA Employee Information: Print Name: _____ Phone No.:() _____ Title: _____ Signature: _____		Date Entered in Progeny: _____ Initials: _____	