



## CHANGE OF ADDRESS

Last Name		First Name		MI	Tribal ID #
Current Address			City	State	Zip Code
Home Phone Number ( ) -		Cell Phone Number ( ) -		E-mail Address	

**Please list any other Tribal Citizens in your Household whose address should be updated with the information above. (Please use a separate sheet if necessary):**

1. \_\_\_\_\_ Tribal ID# \_\_\_\_\_
2. \_\_\_\_\_ Tribal ID# \_\_\_\_\_
3. \_\_\_\_\_ Tribal ID# \_\_\_\_\_
4. \_\_\_\_\_ Tribal ID# \_\_\_\_\_
5. \_\_\_\_\_ Tribal ID# \_\_\_\_\_
6. \_\_\_\_\_ Tribal ID# \_\_\_\_\_

**Mailing Address (if different):**

*Street City State Zip*

**Previous Address (This should match what we currently have on file):**

*Street City State Zip*

I understand the above information will be kept confidential. I certify, to the best of my knowledge and belief that the information contained within or attached to this change of address form is accurate and complete. If applicable; I, the undersigned parent/legal guardian certify that I am authorized to change the primary address of my minor child/children residing in my care.

Signature	Date
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