



**CHANGE OF ADDRESS REQUEST FORM**

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First Name

Middle Name

Maiden/Last Name

DOB: \_\_\_\_\_

SS#: \_\_\_\_\_

Roll: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

County: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Please list Minor Children in your household who will need to have address changed:

\_\_\_\_\_  
(Child's Name) (Date of Birth) (SS#)

Would you like for the Enrollment Department to forward your new address to other Caddo Tribal Programs:  YES  NO

➤ *If Yes, check Box:*  Tribal Newsletter  Tribal Tag Office  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.

PLEASE SIGN: \_\_\_\_\_

DATE: \_\_\_\_\_

**\*\*A copy of your Photo ID must be submitted with this request for verification.**

**For Office Use Only**

Date of Change: \_\_\_\_\_

Staff Initials: \_\_\_\_\_