

# Request for Name/Address Change

Please complete this form and mail it back to the Karuk Tribal Enrollment Office. If you are only changing your address please fill out the address change section only. If you are requesting a name change please mail this form in along with a copy of your SSN card or DL with the new name. We will not change your name until it has been legally changed and have this form completed. If you have any questions please contact our office at (530)493-1600 x 2028/2039.

## Request for Name Change

Members Old Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Members Social Security Number:    -   -

Members New Name: \_\_\_\_\_

Reason for Change (Marriage, Legal Change, etc.) \_\_\_\_\_

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

## Request for Address Change

Members Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Please list any other family members this change effects**

Old Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

New or Correct Residence address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ County: \_\_\_\_\_

New or Correct Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check one: Member  Parent/Guardian  Other : \_\_\_\_\_