

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 : _____