



The Confederated Tribes of the Colville Reservation

Enrollment Department

Address Change Form



Tribal Member Name: _____

Maiden Name: _____ Enrollment # _____

Date of Birth: ____/____/____ Phone Number: (____)____-____

Name of Non-Enrolled Parent (if applicable): _____

Mailing Address: _____

Physical Address: _____

- Your address will be shared with the following programs:
- Tribal Tribune
 - Tribal Elections
 - Bureau of Indian Affairs/Bureau of Trust Funds Administration
 - DO NOT SHARE

Within Reservation Boundaries: Yes No Voting District: _____

_____ Permanent Change _____ Temporary Change for specified Payment: _____

Signature: _____ Date: _____

PLEASE NOTE: FORM MUST BE COMPLETE TO PROCESS THE REQUEST. EACH SECTION MUST BE COMPLETED.

NOTARY CERTIFICATION IS REQUIRED

State of _____;

County of _____;

On this _____ day of _____,

before me personally appeared _____,

to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed, for the purposes therein set forth.

Notary Public: _____ My Commission Expires: _____