



YUROK TRIBE

CHANGE OF ADDRESS / INFORMATION REQUEST FORM

THIS IS TO CONFIRM THAT MY NEW MAILING ADDRESS/INFORMATION ARE AS FOLLOWS:

NAME: _____
(First) (Middle) (Last)

OTHER NAMES USED: _____

MAILING ADDRESS: _____

Check this box, if Residence is same as Mailing

RESIDENCE ADDRESS: _____
(Street, Road, Hwy, etc – NO P.O. Boxes)

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE #: () _____ CELL #: () _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT: _____ Phone#: () _____

MARITAL STATUS: Single Married Divorced Other _____

SPOUSE NAME: _____ DATE OF MARRIAGE _____

OTHER TRIBAL MEMBERS IN HOUSEHOLD: (LIST NAME AND DATE OF BIRTH)

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

****TRIBAL MEMBERS OVER 18 YRS OLD MUST SIGN THIS FORM (with Date of Birth)**

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
|----------|----------|

Military Service Yes or No if yes, which branch? _____

Period of Service: Entered _____ End Date _____ Rank _____
(example: E-3)

By signing below, I understand that if my new residence address is in a different voting district, I will be moved into that district.

SIGNATURE: _____ DATE: _____

Return to: Yurok Tribe Enrollment Department, PO Box 1027, Klamath, CA 95548

