



**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: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE #: (\_\_\_\_) \_\_\_\_\_ \DATE OF BIRTH: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ HOSPITAL OF BIRTH: \_\_\_\_\_

MARITAL STATUS: Single Married Divorced Other \_\_\_\_\_

SPOUSE NAME: \_\_\_\_\_ DATE OF MARRIAGE \_\_\_\_\_

CHILDREN IN HOUSEHOLD: (LIST NAME AND DATE OF BIRTH)  
1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

ADULT TRIBAL MEMBERS IN HOUSEHOLD: (Other than yourself)  
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**

