



YUOK 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

Fax: (707) 482-1371 or Email: enroll@yuroktribe.nsn.us

