

TRIBAL ENROLLMENT UPDATE FORM

Type of Update – check all that apply:

Address Change
 *Name Change
 *Marriage
 *Divorce
 *Adoption
 *Report of Death

*Must attached copies of legal documentation supporting request.

Tribal Member Information

Full Legal Name:		Date of Birth:	
Maiden/Other Name:		Date of Death:	
SSN Number:		Enrollment Number:	
Email Address:		Phone Number:	
Mailing Address:			
Physical Address:			
City:		State:	Zip:
Marital Status:	<input type="checkbox"/> Common-Law <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Individual <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Partner/Spouse/Widow's Full Name:			

Address changes apply to the following minor child(ren) in my care:

Full Name:		Date of Birth:	
Full Name:		Date of Birth:	
Full Name:		Date of Birth:	
Full Name:		Date of Birth:	
Full Name:		Date of Birth:	
Full Name:		Date of Birth:	

Signature

Update Filed By:
 Self
 Parent(s)
 Legal Guardian(s)
 Representative

Signature

Date

Printed Name (if other than Self)

NOTE: Parents or legal guardians may submit on behalf of their minor children. Responsible adult tribal members may submit on behalf of handicapped and/or mentally incompetent persons. Copy of SSN Card with correct legal name must be submitted for a name change. Submit form and supporting documents to: tribalenrollment@aleut.com.