



Coeur d'Alene Tribe

Enrollment Department
850 A Street . P.O. Box 408
Plummer, Idaho 83851
Phone 800- 829-2202 . Fax 208- 686-5323

APPLICATION FOR NAME CHANGE 2016

Applicant's Full Name:

(First) (Middle) (Last)

Enrollment Number: 181U0 _____ Date of Birth _____

APPLICANT'S NAME CHANGE:

(First) (Middle) (Last)

Address:

Please list any other name you have used in the past:

Applicant's Signature

Date

PROPER DOCUMENTATION FOR YOU NAME CHANGE NEEDS TO BE PROVIDED SUCH AS A MARRIAGE CERTIFICATE OR LICENSE, DIVORCE DECREE, OR OTHER COURT DOCUMENTATION also a SOCIAL SECURITY CARD WITH NEW NAME, BEFORE ANY CHANGES ARE MADE WITHIN THE ENROLLMENT DEPARTMENT.