Coeur d'Alene Tribe

Enrollment Department

850 A Street . P.O. Box 408

Plummer, Idaho 83851

Phone 800) 829-2202 . Fax 208) 686-5323

REFERENCE:

ENROLLMENT ADDRESS UPDATE

Name:_____

(Please include your maiden name.)

Date of Birth:_____

Enrollment Number:_____

Social Security Number:_____

New P.O. Box or Mailing Address:_____ Old Address:

_____

New Street or Physical Address:_____

_____

City:_____

_____

State and Zip:_____

Signature:_____

Date:_____

If applicable, please list Spouse and dependants whose address will be changed as well.

NAME SS# DATE OF BIRTH

_____

_____

_____

_____

DATE RECEIVED and SIGNATURE of ENROLLMENT REPRESENTATIVE

Photo Identification is REQUIRED. Please Attach ONE of the Following: [ ] Tribal ID [ ] Drivers License [ ] Social Security Card