



Coeur d'Alene Tribe

Enrollment Department
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Phone 208-686-0800 Fax 208- 686-5323
enrollment@cdatribe-nsn.gov

ADDRESS CHANGE

PRINT FULL NAME: _____

Phone# _____

ENROLLMENT #181U0 _____

SOCIAL SECURITY # _____ - _____ - _____

DATE OF BIRTH: _____

MAILING P.O. BOX _____

City State Zip Code

PHYSICAL ADDRESS _____

(If different from mailing address) City State Zip Code

SIGNATURE: _____ DATE: _____

PLEASE LIST SPOUSE AND DEPENDANTS THAT WILL BE CHANGED (IF APPLICABLE)

NAME	DATE OF BIRTH	TRIBAL ID#
1. _____	____/____/____	181U0 _____
2. _____	____/____/____	181U0 _____
3. _____	____/____/____	181U0 _____
4. _____	____/____/____	181U0 _____
5. _____	____/____/____	181U0 _____

DATE ENTERED INTO SYSTEM & INITIALS