



Coeur d'Alene Tribe

Enrollment Department
850 A Street P.O. Box 408
Plummer, Idaho 83851
Phone: (208) 686-0800 Fax: 208- 686-5323
enrollment@cdatribe-nsn.gov

APPLICATION FOR NAME CHANGE

Applicant's Current 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 YOUR 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.