



# Coeur d'Alene Tribe

Enrollment Department

850 A Street P.O. Box 408

Plummer, Idaho 83851

Phone 208-686-0800 Fax 208- 686-5323

## ADDRESS CHANGE 2016

**PRINT FULL**

**NAME:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

(Include your maiden name or also known as.....)

**ENROLLMENT #181U0** \_\_\_\_\_

**SOCIAL SECURITY #** \_\_\_\_\_ - - \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**P.O. BOX (MAILING)** \_\_\_\_\_

**STREET (Physical address)** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE AND ZIP** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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

	<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>TRIBAL ID#</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

DATE AND SIGNATURE OF **ENROLLMENT OFFICER**

DATE ENTERED INTO SYSTEM BY **INITIALS**