

**PEORIA TRIBE OF INDIANS OF OKLAHOMA**

**REQUEST FOR CHANGE OF ADDRESS  
ENROLLMENT OFFICE**

**PO Box 1527  
Miami OK 74355  
Phone: 918-540-2535**

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

**Tribal Member:** \_\_\_\_\_  
(First Name) (Middle Name) (Maiden/Last Name)

**DOB:** \_\_\_\_\_ **SS#** \_\_\_\_\_ **Roll No.** \_\_\_\_\_

**NEW ADDRESS:**

**OLD ADDRESS:**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City State Zip**

\_\_\_\_\_  
**City State Zip**

\_\_\_\_\_  
**Home Phone**

\_\_\_\_\_  
**E-mail**

\_\_\_\_\_  
**Signature of person submitting this request**

**Please list all other Tribal Members of your household who will need to have address changed (those over 18 must sign their own form)**

\_\_\_\_\_  
**(Name) (Date of Birth) (SS#)**

\_\_\_\_\_  
**(Name) (Date of Birth) (SS#)**

\_\_\_\_\_  
**(Name) (Date of Birth) (SS#)**

**Do you give permission for the Enrollment Office to release this address to any other Tribal Department/Committee/program? Yes \_\_\_ No \_\_\_**

**If yes please check the Department(s)/Committee/program:**

**Indian Child Welfare \_\_\_ CCDF \_\_\_ Election Committee \_\_\_ Education Committee \_\_\_**

**Accounting \_\_\_ Environmental \_\_\_ CHR \_\_\_ Special Projects \_\_\_ Any reimbursement program \_\_\_**

**Please note:**

**\*\*For consent and verification of request for an address change, any member over the age of 18 must sign their own change of address request form.**

**\*\*An address cannot be updated until the Enrollment Office receives the signed change of address request form.**

**For Office Use Only:**

**Application Taken By:** \_\_\_\_\_

**Date:** \_\_\_\_\_