

**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**

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

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

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

**Would you like the Enrollment Office to forward this address to any other Tribal Department or Committee? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If yes please check the Department(s) to forward to:**

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

**Other (please specify):** \_\_\_\_\_

**Please note:**

*\*The Enrollment Office cannot automatically update your information with another Department or Committee unless written consent and request is received from the Tribal Member.*

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

**replaced in database** \_\_\_\_\_

**replaced in membership file** \_\_\_\_\_

**copy for BIA** \_\_\_\_\_