

**THE CONFEDERATED TRIBES OF THE
UMATILLA INDIAN RESERVATION
ADDRESS UPDATE FORM**

Vendor #
Please leave blank, this is for
the CTUIR to Complete

Each person age 18 and older must fill out and sign his/her own form

(Please print legibly or Type)

Name: _____ Enrollment # _____

Social Security # _____ - _____ - _____ Date of Birth: _____

Other Name(s) _____
(Include Indian Name if known, maiden name, nicknames, or any other names used)

New Mailing Address

_____ Apt # _____ City _____ ST _____ Zip _____

Physical Address (If different than mailing address **and if mailing address is a PO Box**)

_____ Apt # _____ City _____ ST _____ Zip _____

Is this Physical Address located inside the CTUIR Boundaries? Yes No Don't Know

Phone Numbers: Home _____ Cell _____

Business _____ Message _____
May we contact you at your place of business? Yes No

E-Mail Address _____

I do hereby certify that I am the above named person or the parent/legal guardian of the above named person and that all of the information is true and accurate, and that I am an enrolled member of the Confederated Tribes of the Umatilla Indian reservation.

Signature _____ Date _____

If you have MINOR CHILDREN who are enrolled with the CTUIR who have also moved to this same address, please list their full names, CTUIR Roll #'s, Social Security Numbers and birth dates below, so their addresses can also be changed.

<u>NAME</u>			CTUIR ROLL #	SOCIAL SECURITY #	BIRTH DATE	Vendor # <small>Please leave blank, this is for the CTUIR to Complete</small>
First	Middle	Last				

Mail this form back to: CTUIR Enrollment Office, 46411 Timine Way, Pendleton, OR 97801 OR FAX TO 541-278-5317
ADDRESS UPDATES WILL NOT BE TAKEN OVER THE TELEPHONE OR E-MAIL. WE MUST HAVE YOUR SIGNATURE ON THIS APPLICATION IN ORDER TO CHANGE YOUR ADDRESS.