

**CONFEDERATED SALISH AND KOOTENAI TRIBES
TRIBAL ENROLLMENT DEPARTMENT
PO BOX 278
PABLO, MT 59855**

Address Change Form
(Enrollment/Per Capita updates)

Birth Date: _____ Enrollment Number _____

Phone number: _____

First Name: _____ MI: ____ Last Name: _____
(As it currently appears on records)

Last Name: (If recently changed/marriage) _____
(Needing copy of Marriage Certificate)

New Address: _____

City: _____ State: _____ Zip Code: _____

***RESERVATION RESIDENTS:** Tribal Voting District: _____

Guardian of all enrolled minor children living within the home:

I acknowledge that the above information is true and correct:

Signature

Date