



# Native Village of Eklutna

Enrollment Information Update  
Address and Name Change Form

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

Name: \_\_\_\_\_ Enrollment # (If known) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

**Name Change** (Previous) \_\_\_\_\_ (New) \_\_\_\_\_

Notice: You must provide a copy of your marriage certificate or court order for verification.

## 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 \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Message \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Full Name	Social Security Number	Birth Date	Relationship Son, Daughter, Step son, Foster daughter, Grandson, etc.

I do hereby certify that I am the above-named person or the parent/legal guardian of the above-named person and that all the information is true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send to Native Village of Eklutna, 26339 Eklutna Village Rd. Chugiak, AK. 99567 or Fax: (907) 688-6021

**IMPORTANT: Tribal Member Information is confidential. Mailing lists for newsletters, announcements, elections, and other official business for the benefit of the tribe are subject to Confidentiality Agreements.**

### For NVE Enrollment Officer and Administration Use Only

Date Received by NVE Office: \_\_\_\_\_ Date submitted to Enrollment Officer: \_\_\_\_\_

Date Mailing Label Updated/Initial: \_\_\_\_\_ Date Enrollment Record Updated/Initial: \_\_\_\_\_