



Native Village of Eklutna

Enrollment/Voter Records Update

Address and Name Change Form

Each person aged 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, so their addresses can be changed.

Full Name	Social Security Number	Birth Date	Relationship Son, Daughter, Step or Foster child, Grand Child, other Dependent.

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.

☐ I would like to receive mail from **Eklutna, Inc.** (announcements for jobs, scholarship, events, etc.)

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 news, announcements, elections, and other NVE business is confidential or 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: _____