



**Three Affiliated Tribes**

Office of Tribal Enrollment  
P.O. Box 100  
New Town, ND 58763

**UPDATE FORM**

**PLEASE PRINT LEGIBLY**

Full Legal Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Date of Birth (MMDDYYYY): \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**NEW MAILING ADDRESS**

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

City: \_\_\_\_\_ State:  Zip: \_\_\_\_\_

**NEW PHYSICAL ADDRESS (911 ADDRESS)**

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State:  Zip: \_\_\_\_\_

**\*\*\*MUST BE SIGNED IN FRONT OF A NOTARY TO BE ACCEPTED\*\*\***

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

State of: \_\_\_\_\_  
County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public: \_\_\_\_\_

1. One form per person;
2. Age 18+ must submit their own; Age 17 - Parent/Legal Guardian must fill out;
3. Must attach Legal Document(s) for any name change/custody;
4. Must be returned to the Office of Tribal Enrollment by mail at the address listed at the top of this form.  
Faxes and Emails will NOT be accepted.