



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.