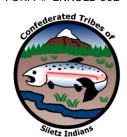
FORM # ENROLL-002



Confederated Tribes of Siletz Indians Enrollment Department

201 SE Swan Ave PO Box 549 Siletz, Oregon 97380-0549

Telephone: (541)444-8258 • Toll Free: (800) 922-1399 ext. 1258

E-Mail: <u>EnrollmentDepartment@ctsi.nsn.us</u>

- Enrollment Staff Use -
Entered:
Ву:

Address & Contact Information Update

Please print clearly in blue or black ink

INSTRUCTIONS: <u>Tribal members</u> are responsible to notify Enrollment staff in writing of any changes to their addresses. Adult tribal members must update their own information and sign unless they have legally been found incompetent. In this case, Letters of Guardianship or similar legal documents designating a guardian must accompany the update. Children in foster care are listed in the care of the Child Welfare or DHS office and updates will only be accepted by the Child Welfare or DHS office.

Siletz Tribal Member:		Roll#:
Mailing Address:		
PO Box/Street	City	State Zip
Name of person in "Care C)f":	(or Incarceration ID#)
Physical Address: (if different from mailing)		
Street	City	State Zip
Phone & Email Informat	ion:	
Primary Phone:		☐ Text ☐ Call Only
Alternate Phone:		☐ Text ☐ Call Only
Alternate Phone:		☐ Text ☐ Call Only
Email Address:		
Changes also apply to the f	following Siletz Tribal member ming	ors in my care:
Roll #	Name of Minor	Relationship to You
•	Add additional pages (or list on ba	ck) for minors in your care if necessary
By signing below, I certify the	above information is correct and curre	ent.
Signature of Tribal Men	nber/Parent/Guardian*	 Date
Relationship to Tribal Member *Attach court	: Self Parent Guardian of or other legal documentation to show 0	Minor*