

SILETZ TRIBAL OFFICE USE ONLY	
RECEIVED DATE: _____	RECEIVED BY: _____
COMPLETE DATE: _____	POST #: _____



**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

Request for Name Change

INSTRUCTIONS: To change your name on the Siletz Tribal Roll you must submit legal documentation (Marriage Certificate, Court Order, Divorce Decree, etc.) and a copy of your social security card showing your legal updated name. **Failure to provide these documents will result in no action being taken.**

NOTE: For IRS tax purposes (per capita, etc.) it is important your name on the Tribal Roll and your Social Security Card match exactly.

Siletz Tribal Roll #: _____

Change From (Current Name on Tribal Roll):

FIRST NAME	MIDDLE	LAST

Change To: (As listed on Social Security Card)

FIRST NAME	MIDDLE	LAST

GENDER: *If not marked, will remain the same as currently listed in the Enrollment records*
 Male Female Non-binary

Required documentation submitted:

- ORIGINAL* legal documentation showing my name change
- A clear COLOR COPY of my social security card showing the name change

*Originals will be returned via Certified mail after staff has made a copy for your request

I certify the above information is correct and current.

X

_____ Date

Signature of Tribal Member/Guardian required (*Sign with new name inside the box*)

Phone Number: _____

Email Address: _____