



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: EnrollmentDepartment@ctsi.nsn.us

- Enrollment Staff Use -

Entered: _____

By: _____

Address & Contact Information Update

Please print clearly in blue or black ink

INSTRUCTIONS: Tribal members 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 Of": _____ (or Incarceration ID#)			

Physical Address:

(if different from mailing)

Street	City	State	Zip

Phone & Email Information:

Primary Phone: _____ Text Call

Alternate Phone: _____ Text Call

Alternate Phone: _____ Text Call

Check here if you would like to receive information by text

Email Address: _____

Check here if you would like to receive information by email

Changes also apply to the following Siletz Tribal member **minors** in my care:

Add additional pages (or list on back) for minors in your care if necessary

Roll #	Name of Minor	Relationship to You	
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

A tribal member may affirmatively opt out in writing from making their address available to other Tribal members, such that their address may only be used for official Tribal purposes. This request must be submitted to the Enrollment Department in person, email or by mail. Check box if you want to opt out.

By signing below, I certify the above information is correct and current.

X _____
 Signature of Tribal Member/Parent/Guardian*

 Date

Relationship to Tribal Member: Self Parent Guardian of Minor* Guardian of Adult*

*Attach court or other legal documentation to show Guardianship/Power of Attorney