



Confederated Tribes of Siletz Indians
Enrollment Department

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- Enrollment Staff Use -

Entered: _____

By: _____

Address & Contact Information Update

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. Print clearly in blue or black ink.

Siletz Tribal Member's Name: _____ **Roll#:** _____

Marital status: Single (never married) Married Divorced Widowed

Head of household: Yes No

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

Homeless/Houseless

Phone & Email Information:

Primary Phone: _____ Text Call

Mobile Phone: _____

Message Phone: _____

Email Address: _____

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"/>

By checking the box, A tribal member may opt out from making their address available to other Tribal members.

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