



Ho-Chunk Nation Office of Tribal Enrollment

Change of Address Form

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: XXX-XX-\_\_\_\_\_ TRIBAL ID # 439A00\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_ County \_\_\_\_\_ Country \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_ County \_\_\_\_\_ Country \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**Community of Residence:** (circle) Blue Wing ChakhHahChee HC Village Indian Heights Indian Mission PotchCheeNuk SandPillow TimberRun Winnebago Heights

ENROLLED MINOR CHILDREN LIVING WITH YOU

Name	DOB

ENROLLED MINOR CHILDREN NOT LIVING WITH YOU

Name	DOB

Guardian/Contact Person (if known): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**NOTE:** You must enter your Physical Address or indicate it is the same as your Mailing Address. Your Physical Address and County are used for Voting Purposes and to determine your District. Your Physical address will not be changed unless you fill in that portion of the Change of Address Form.

Signature \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_  
Print Name Signature