



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 No.: _____ E-Mail: _____

Community of Residence: (circle) Blue Wing ChakhHahChee HC Village Indian Heights
Indian Mission PotchCheeNuk Sand Pillow Timber Run 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 No.: _____ E-Mail: _____

NOTE: You must enter your Physical Address or indicate it is the same as your Mailing Address. The physical address and county of residence are used to determine Voting District and therefore cannot be a Post Office Box.

Print Name: _____ Sign: _____ Date: _____

Certificate of Notary Public

(Seal)

In the State of _____, County of _____ this document was

signed before me on this _____ day of _____ in the year _____

Notary Signature _____

Commission Expires _____