



CROW TRIBE EXECUTIVE BRANCH

DEPARTMENT OF ENROLLMENT & PER CAPITA

P.O. Box 159
CROW AGENCY, MT 59022

Change of Address Form

DIRECTIONS: This form is used to change your mailing or street address. Please write your name, date of birth, and enrollment number in **Section A** and write your old mailing address in **Section B**. If your NEW street address is different than your old mailing address, use **Section C** to write your old mailing address. Use **Sections D and E** to write your OLD mailing. This form can be completed in the presence of an Enrollment & Per Capita staff member to verify identity. If you are unable to make it to the Enrollment & Per Capita Dept., you may take this form to a notary to verify your identity. **FOR YOUR PROTECTION Section F: is designated for use by the notary if change of address is being mailed or hand delivered other than yourself.**

Section A: Identification		
1. Name (First — M.I. — Last)	2. Date of Birth (MM/DD/YYYY)	3. Enrollment Number (e.g. 202U123456)
Section B: NEW Mailing Address		
1. Postal Address:		
1a. OPTIONAL: If you would like your PHYSICAL address included		
2. City	3. State	4. Zip Code
Section C: OLD Mailing Address		
1. Street or P.O. Box #		
2. City	3. State	4. Zip Code
Section D: Notary Section (must be completed)		
STATE OF _____		_____ (ENROLLMENT STAFF SIGNATURE TO VERIFY REQUESTER'S IDENTITY IF NO NOTARY)
COUNTY OF _____		
ON _____ (DATE)	BEFORE ME, _____ (NOTARY)	
PERSONALLY APPEARED, _____ (SIGNERS)		
PERSONALLY KNOWN TO ME _____		WITNESS my hand and official seal
		_____ (NOTARY SIGNATURE)
Enrollment Office Use Only		
Date Received	Date Entered	Enrollment Staff — Print Name and Sign