

# 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 old 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 new mailing and street addresses respectively. You may leave Section E blank if your new mailing and street address are the same. 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. **Section F** is designated for use by the notary.

| Section A: Identification                     |                     |  |   |  |                    |
|---|---------------------|--|---|--|--------------------|
| <b>1. Name</b><br>( First — M.I. — Last )     |                     | <b>2. Date of Birth</b><br>(MM/DD/YYYY)                                  |   | <b>3. Enrollment Number</b><br>(e.g. 202U123456) |                    |
|   |                     |  |   |  |                    |
| Section B: Old Mailing Address                |                     |  | Section C: Old Street Address (IF DIFFERENT FROM SECTION B) |  |                    |
| <b>1. Street or P.O. Box #</b>                |                     |  | <b>1. Street #</b>  |  |                    |
|   |                     |  |   |  |                    |
| <b>2. City</b>                                | <b>3. State</b>     | <b>4. Zip Code</b>   | <b>2. City</b>  | <b>3. State</b>                                  | <b>4. Zip Code</b> |
|   |                     |  |   |  |                    |
| Section D: New Mailing Address                |                     |  | Section E: New Street Address (IF DIFFERENT FROM SECTION D) |  |                    |
| <b>1. Street or P.O. Box #</b>                |                     |  | <b>1. Street #</b>  |  |                    |
|   |                     |  |   |  |                    |
| <b>2. City</b>                                | <b>3. State</b>     | <b>4. Zip Code</b>   | <b>2. City</b>  | <b>3. State</b>                                  | <b>4. Zip Code</b> |
|   |                     |  |   |  |                    |
| Section F: Notary Section (must be completed) |                     |  |   |  |                    |
| STATE OF _____                                |                     | (ENROLLMENT STAFF SIGNATURE TO VERIFY REQUESTER'S IDENTITY IF NO NOTARY) |   |  |                    |
| COUNTY OF _____                               |                     |  |   |  |                    |
| ON _____                                      |                     | BEFORE ME, _____   |   |  |                    |
| (DATE)  |                     | (NOTARY)   |   |  |                    |
| PERSONALLY APPEARED, _____                    |                     | (SIGNERS)  |   |  |                    |
| PERSONALLY KNOWN TO ME _____                  |                     | WITNESS my hand and official seal  |   |  |                    |
|   |                     | _____<br>(NOTARY SIGNATURE)  |   |  |                    |
| Enrollment Office Use Only                    |                     |  |   |  |                    |
| <b>Date Received</b>                          | <b>Date Entered</b> | <b>Enrollment Staff — Print Name and Sign</b>                            |   |  |                    |
|   |                     |  |   |  |                    |