



NAME CHANGE



If you and/or your Tribal Member child has formally changed their name or contact information, please complete and sign this form and return it to the Habematolel Pomo of Upper Lake tribal office, contacts listed above. Your cooperation in completing this form is greatly appreciated. Please provide a copy of any supporting / legal paperwork or identification with the change in which you are making.

NAME:

First, Middle & Last

NEW NAME:

TRIBAL MEMBER NAMES ONLY

MAILING ADDRESS:

CITY, STATE ZIP COUNTY

PHYSICAL ADDRESS:

List only if your mailing address is NOT the same as your physical address

CITY, STATE ZIP COUNTY

HOME OR MESSAGE

TELEPHONE #:

CELL/PAGER #:

FAX #:

EMAIL ADDRESS

Optional

SIGNATURE:

DATE:

☐ TRIBAL OFFICE USE ☐

Check Box if notified via phone, email or fax

Route To:

- Fiscal Officer
- Educ. Director

- Tribal Administrator
- Housing Director
- Exec.Secretary (ORIGINAL FORM)
- Enrollment Chair

Staff Initials & Date Received: _____