

# Nez Perce Tribe

## Address Change form

Each person 18 and older must fill out and sign his/her own form

(Please print legible or type)

Name: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City State Zip Code

Physical Address (If different from mailing address):

\_\_\_\_\_

City State Zip Code

E-mail address: \_\_\_\_\_

I do hereby certify that I am the above-named person or the parent/legal guardian of the minor children listed below. And that all of the information is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Outside of the area, attach a clear copy of your photo ID)

### For Minor Children:

Name:

Enrollment #:

Birthdate:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Return your completed form to one (1) of the following:

by Mail:  
Enrollment  
P.O. Box 305  
Lapwai, ID 83540

by Fax:  
(208) 843-7354

by Email:  
[enrollment@nezperce.org](mailto:enrollment@nezperce.org)

ADDRESS CHANGES WILL NOT BE TAKEN OVER THE PHONE OR BY ANOTHER PERSON. A COMPLETED SIGNED FORM WILL BE THE ONLY WAY TO MAKE ANY UPDATES.