



Ho-Chunk Nation Office of Tribal Enrollment

ADDRESS CHANGE FORM

NAME: _____

TRIBAL ID #: 439A00 _____ DOB: _____ SS#: XXX-XX- _____

MAILING ADDRESS: _____

CITY: _____ STATE: ___ ZIP: _____ County _____ Country _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: ___ ZIP: _____ County _____ Country _____

HOME PHONE: _____ CELL PHONE: _____ EMAIL ADDRESS: _____

Community of Residence: (circle) Blue Wing ChakhHahChee HC Village Indian Heights Indian Mission PotchCheeNuk SandPillow TimberRun 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 PHONE: _____ EMAIL ADDRESS: _____

NOTE: You must indicate if your Physical Address is the same as your Mailing Address. Your Physical Address and County are used for Voting Purposes and to determine your District.

Signature _____ / _____ Date _____
Print Name Signature