



HO-CHUNK NATION

Office of Tribal Enrollment ADDRESS CHANGE FORM

NAME _____ 439A00 _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ CELL PHONE (____) _____

EMAIL ADDRESS _____

BIRTHDATE _____ SS# _____

SIGNATURE _____ DATE _____

ENROLLED MINOR CHILDREN LIVING WITH YOU

NAME _____ DOB _____ NAME _____ DOB _____

NAME _____ DOB _____ NAME _____ DOB _____

ENROLLED MINOR CHILDREN NOT LIVING WITH YOU

NAME _____ DOB _____ NAME _____ DOB _____

NAME _____ DOB _____ NAME _____ DOB _____

GUARDIAN OR CONTACT PERSON IF KNOWN _____

ADDRESS _____ PHONE (____) _____

CITY _____ STATE _____ ZIP _____