



# Ho-Chunk Nation Office of Tribal Enrollment Change of Address Form

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: XXX-XX-\_\_\_\_\_ Tribal ID#: 439A00\_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_ Country: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Community of Residence:** (circle) Blue Wing ChakhHahChee HC Village Indian Heights  
Indian Mission PotchCheeNuk Sand Pillow Timber Run 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 No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**NOTE:** You must enter your Physical Address or indicate it is the same as your Mailing Address. The physical address and county of residence are used to determine Voting District and therefore cannot be a Post Office Box.

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

#### Certificate of Notary Public

(Seal)

In the State of \_\_\_\_\_, County of \_\_\_\_\_ this document was

signed before me on this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_

Notary Signature \_\_\_\_\_

Commission Expires \_\_\_\_\_