



# Change of Address Notification

## Instructions

- Please use this form to notify the Health & Social Service/Vital Statistics office of any change in your address or telephone number.
- For your own protection, change requests must be in writing and signed by the tribal member.
- No changes can be accepted by phone, fax or email.

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## Name

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Last

First

Middle

## Phone Numbers

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Home Phone

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Work Phone

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Cell Phone

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Social Security Number

---

Date of Birth

---

Tribal ID Number

## New Address

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Number/Street/Apt. #/PO Box

City

State/Zip

Country (if not U.S.)

## Old Address

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Number/Street/Apt. #/PO Box

City

State/Zip

Country (if not U.S.)

## Check the appropriate box:

- I am requesting a change of address for my mailing address
- I am requesting a change of address for my residential address
- I am requesting a change of address for both my mailing and residential addresses

Sign Here: \_\_\_\_\_

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

RETURN THIS FORM BY MAIL TO:

Vital Statistics/Health & Social Services Department  
10100 S. Bluejacket Rd., Ste. 1  
Wyandotte OK 74370