



COMANCHE NATION ENROLLMENT

Phone 580.492.3371 Fax 580.492.6389 enrollment@comanchenation.com

ADDRESS & CONTACT INFORMATION UPDATE

INSTRUCTIONS:

1. One form per person. Please print clearly in blue or black ink.
2. Age 18+ must submit their own form – A copy of the member’s photo ID is required.
3. Minor members (under18) – parent/legal guardian must complete and attach photo ID.
4. Must be returned to the Enrollment Office by mail. **Faxes will NOT be accepted.**

Member Full Name: _____ Roll #: _____

Date of Birth (MM/DD/YYYY): _____ Last 4 of SSN: _____

If member is incarcerated, please list the incarceration/DOC# _____

MAILING ADDRESS:

PO Box/Street City State Zip

PHYSICAL ADDRESS:

Street City State Zip

PHONE & EMAIL INFORMATION:

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

By signing below, I certify that the above information is true. I understand that penalties may be incurred as a result of filing false information. (Form Must Be Signed or It Is Considered Incomplete)

OUT OF STATE MEMBERS – FORM MUST BE SIGNED IN FRONT OF A NOTARY TO BE ACCEPTED



Signature of Tribal Member/Parent/Legal Guardian

Date

Relationship to Tribal Member: Self Parent Guardian of Minor* Guardian of adult*

***For Guardianships/Power of Attorney/Adoptions – Please attach a copy of court/legal documentation**

State of: _____

County of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____.

Notary Public: _____

Comanche Nation Enrollment P.O. Box 908 Lawton, Oklahoma 73502

www.comanchenation.com