

NOTARY USE ONLY

State of: _____ County of: _____
Subscribed and sworn to before me this _____ day of _____, 20____
My Commission Expires: _____
Notary Signature: _____
Notary Seal: _____

Signature of Person filing Change of Address _____
Date _____

legal guardian for the adult listed above.
 I have read and understand the preceding Federal Law, and I verify that I am the above stated adult or a
(Please check the box)
statements or statement or entry, shall be fined not more than \$10,000.00 or imprisoned no more than five years or both."
falsities, conceals, or covers up by trick, scheme, or devised a material fact or makes a false, fictitious, or fraudulent
"Whoever, in any matter within the jurisdiction of any Department of Agency of the United States, knowingly and willfully
18 United States Code, Section 101, Federal Law Governing Fraud:
Notice Regarding False Statements

Country _____
City _____ State _____ Zip Code _____ County _____
Mailing Address: _____

CURRENT ADDRESS

Email: _____
Primary Phone # _____ Message Phone # _____
Date of Birth: _____ Roll #: _____ Male _____ Female _____
Current Full Legal Name: _____

- Adult members 18-older must submit a CURRENT copy of a valid photo ID Card (ex. Driver's license, state ID, military ID, tribal ID)
 - Legal guardians must submit an original or official copy of any legal documentation verifying their guardianship unless one has already been filed with the Office of Enrollment. If not, please send by certified mail. Originals will be returned by certified mail.
 - If there is a name change, submit a Name Change Form along with original or official copies of the marriage license, or other legal documentation, verifying the change with the Social Security Card reflecting the name change. Please send by certified mail, originals will be returned by certified mail.
 - This form must be notarized. Notary fees are the responsibility of the Tribal Member or Legal Guardian
- The Comanche Nation Office of Enrollment is required to keep a complete and accurate record for reporting purposes for the individual Tribal Members and their Tribal benefit distributions. The following is required in order to update member information.

CHANGE OF ADDRESS FORM (COA) FOR ADULT TRIBAL MEMBERS

Please mail Change of Address with original signature and/or
Documentation to this address
FAXES/EMAILS ARE NOT ACCEPTED

P.O. Box 908 Lawton, OK 73502 580.492.3371 or Toll Free 1.877.492.4988

COMANCHE NATION OFFICE OF ENROLLMENT



Date Received _____ Date Changed in Progeny _____ Staff Initials _____ File # _____