



COMANCHE NATION OFFICE OF ENROLLMENT

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

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

CHANGE OF ADDRESS FORM (COA) FOR ADULT TRIBAL MEMBERS

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.

- 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

Current Full Legal Name: _____

Date of Birth: _____ Roll #: _____ Male _____ Female _____

Primary Phone # _____ Message Phone # _____

Email: _____

CURRENT ADDRESS

Mailing Address: _____

City _____ State _____ Zip Code _____ County _____

Country _____

Notice Regarding False Statements

18 United States Code, Section 101, Federal Law Governing Fraud:

"Whoever, in any matter within the jurisdiction of any Department of Agency of the United States, knowingly and willfully falsifies, conceals, or covers up by trick, scheme, or devised a material fact or makes a false, fictitious, or fraudulent statements or statement or entry, shall be fined not more than \$10,000.00 or imprisoned no more than five years or both."

(Please check the box)

I have read and understand the preceding Federal Law, and I verify that I am the above stated adult or a legal guardian for the adult listed above.

Signature of Person filing Change of Address

Date

NOTARY USE ONLY

State of: _____ County of: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

My Commission Number: _____ My Commission Expires: _____.

Notary Signature: _____ Notary Seal: