



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 MINOR (0-17 YEARS OLD) 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.

- Documentation must be on file that you are the custodial parent or legal guardian, i.e., Minor Custody Affidavit, of said minor member or must submit current legal documents (court documents or adoption papers)
- Current Photo ID of the custodial parent or legal guardian
- This form must be notarized. Notary fees are the responsibility of the Tribal Member or Legal Guardian

I, _____, hereby verify that I am the custodial parent or legal guardian of the minor listed below and the minor is in my custody and care. *(Documentation must be on file that you are the legal guardian, i.e., Minor Custody Affidavit, of said minor member or must submit current legal documents)*

Child's Name (First, Middle, Last)	DOB	Male/Female	Tribal ID#	Relationship to Minor
Parent/Legal Guardian Primary Telephone # _____		Cell# _____		
Message # _____		Email _____		

NEW 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."

I, _____, custodial parent or legal guardian of the above mentioned minor have read and understand the preceding Federal Law.

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: _____