

## COMANCHE NATION OFFICE OF ENROLLMENT

P.O. Box 908 Lawton, OK. 73502 Phone (580) 492-3371 Fax (580) 492-6389

## NAME CHANGE REQUEST FORM

## **REQUEST REQUIREMENTS:** □ Name Change Request Form ☐ Any combination of TWO of these documents: Legal Document showing name change -Marriage License, Divorce Decree, Adoption Decree or Legal Name Change Documents Picture ID (Photocopy) Social Security Card (Photocopy) Note: Keep in mind that the name on file must match what you have on file with the Social Security Administration. A difference in the name could result in a 28% withholding on all percapita payments. **NAME CHANGE INFORMATION** Roll#: New Name: \_ FIRST MIDDLE SUFFIX Previous Name: FIRST MIDDLE SUFFIX Date of Birth: / / Social Security Number: I am requesting the Comanche Nation to change my name on the Tribal Roll. I am aware that this change will reflect all future per-capita payments as well as any enrollment records. Signature Date

FOR OFFICE USE ONLY	
Entered Into Progeny By:	Date: