

INFORMATION CHANGE FORM

RE: CONFEDERATED TRIBES OF SILETZ MEMBER _____ Roll No.

Please change your records to show the following:

Change of Address

From:

To:

Effective Date:

Change of Name

From:

To:

Reason for Change: ___ Marriage ___ Court Order ___ Other

(Note: Enclose copy of document **Marriage certificate**, or **Court document**, which necessitated above change)

Other Change:

Signed:

Address:

Phone No.:

Date Signed: