



Stockbridge-Munsee Community

Enrollment Department

CHANGE OF ADDRESS REQUEST FORM

Change of Address:

This form is for enrolled tribal members to request a change of address; incomplete will not be processed.

INSTRUCTIONS:

- Please complete the information below, type or print legibly and sign & date form.
- Acceptable signatures include: enrolled tribal member, parent of enrolled minor child, and Power of Attorney/Legal Guardian (must include documentation of POA/Legal Guardian).

Mail or Fax form to: Stockbridge-Munsee Community Enrollment Department

Fax: (715) 793-1307 P.O. Box 70, Enrollment Office, Bowler, WI 54416

MEMBER INFORMATION

Effective Date:	Enrollment Number:	Birth Date:
Last Name: Suffix:	First Name:	Middle Name:
Primary Phone Number:	Cell Phone Number:	Email Address (optional):

Enrolled Minor Child(ren) Information: Complete the information below for your enrolled minor child(ren) if applicable.

Last Name	First Name	M.I.	Birth Date

ADDRESS INFORMATION

NEW Address

Street Number and Name:	Apt. Number:	
City:	State:	Zip Code:

RELEASE OF INFORMATION

I give the Enrollment Department permission to release this information to the following:

- Stockbridge-Munsee Finance Mohican News Stockbridge-Munsee Health & Wellness Center

SIGNATURE

I verify the information provided on this form is true & correct.

Signature of Member or Parent/POA/Legal Guardian:	Date:
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Stockbridge-Munsee Community

Enrollment Department Phones:

(715) 793-4677 Enrollment Manager

(715) 793-4671 Enrollment Assistant

(715) 793-3049 Enrollment Specialist

Fax: (715) 793-1307