



# Eastern Band of Cherokee Indians

Tribal Enrollment Office

PO Box 2069

Cherokee, NC 28719

Toll Free #: (800)357-2771 Phone #: (828)359-6467 Fax: (828)359-0060

## Enrollment Record Update Form

Name of member:		AKA:	
Maiden name if applicable:		Social Security #	
Enrollment #:	Cell Phone #:	Home Phone #:	
Date of birth:		E-mail address:	
Do you live on Tribal Land? ___Yes ___No		If yes, show community of residence:	
If no, show your community of descent on Tribal Land:			
Marital Status:		Are you head of household? ___Yes ___No	
Number of Biological Children:		Number of Adopted Children:	

## Address Change Information

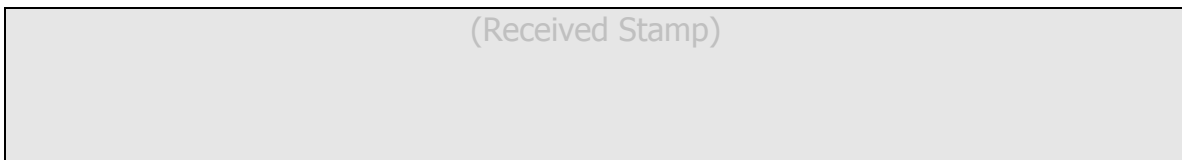
New Mailing Address:			
City:	State:	Zip:	County:
Physical Address:			
City:	State:	Zip:	County:
Please list your children (under 18 years of age) that also live at this address:			
Name of Child:		D/O/B:	
Signature of Member:		Date:	

**If you are completing this address change form outside of the Enrollment Office please have your signature notarized on the back of this form.**

### This section is for Enrollment Office use only

Received by:	Previous Address of member:
W9 Date:	
Do we have a physical address on file? ___Y ___N	
Do we have a photo on file? ___Y ___N	

(Received Stamp)



**Enrollment Record Update Notary Section**

**State:** \_\_\_\_\_

**County of:** \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public for  
\_\_\_\_\_ County, \_\_\_\_\_ (State), do hereby certify  
that \_\_\_\_\_ personally appeared  
before me this day and acknowledged the due execution of the foregoing  
instrument.

Witness my hand and official seal, this the \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_\_.

**My commission expires:** \_\_\_\_\_

(Seal)

\_\_\_\_\_  
**Notary Public**