



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

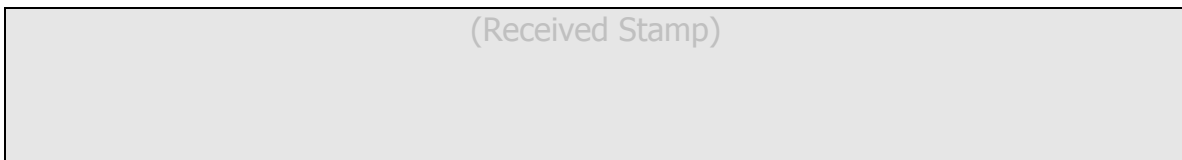
New Mailing Address:			
City:	State:	Zip:	County:
Physical Address:			
City:	State:	Zip:	County:
Please list your children (under 18 years of age) that also live at this address:			
Name of Child:		D/O/B:	
Signature of Member:		Date:	

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