

AUTHORIZATION FOR CHANGE OF ADDRESS

Directions: Complete the required information below, sign in front of a Notary Public, and return the original form back to the Enrollment Office, the mailing address is located below.

Name: _____

Date of Birth: _____ Enrollment #: _____

OLD ADDRESS:

NEW ADDRESS:

Street Address/P.O. Box

Street Address/P.O. Box

City, State & Zip Code

City, State & Zip Code

The following *minor* child/children, and/or *adult* individual(s), is/are under my care (a Court Order or Power of Attorney must also be provided to the Enrollment Office):

NAME	DATE OF BIRTH	ENROLLMENT #

(Use the back of this form to list any additional children or adult(s) and their information.)

I hereby authorize the Pueblo of Laguna Tribal Enrollment Office to change my address; and/or the address(es) of the minor child/children or adult individual(s) who is/are under my care. **(Signature must be notarized.)**

Signature

Date

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public

My Commission Expires: _____

Pueblo of Laguna – Tribal Enrollment
P.O. Box 194
Laguna, NM 87026
(505) 552-5771/5772/5773
Fax: (505) 552-7037
Enrollment@pol-nsn.gov