The Confederated Tribes of the Colville Reservation
Enrollment Department

Address Change Form

PLEASE PRINT CLEARLY

***Tribal Member Name*:** _____

Maiden Name: _____ **Enrollment #** _____

Date of Birth: _____/_____/_____ **Phone Number:** (_____)_____-_____

***Name of Non-Enrolled Parent (if applicable)*:** _____

Full Mailing Address: _____

City, State Zip _____

Full Physical Address _____

City, State Zip _____

Within Reservation Boundaries: Yes No Voting District: _____

Notice: *By submitting this form, you acknowledge that your updated address will be shared with* The Tribal Tribune*, the Bureau of Indian Affairs, the Bureau of Trust Fund Administration, the Tribal Elections Department, and other relevant tribal programs that require current contact information for services, reporting, and communications.*

Signature: _____ **Date**: _____

PLEASE NOTE: FORM MUST BE COMPLETE TO PROCESS THis REQUEST. EACH SECTION MUST BE COMPLETED.

NOTARY CERTIFICATION IS REQUIRED

State of _____ county of _____

On this _____ day of _____, 20_____, this record

Was signed before me by _____.

Notary Seal Here

_____

Signature of Notary Public

My commission expires_____(date)

Return to: Enrollment Department
PO Box 150
Nespelem, WA 99155

Ph: 509-634-2830
Fax: 509-634-2874

(Form updated: 3/11/2025)