

DELAWARE TRIBE OF INDIANS Enrollment Department 5100 Tuxedo Blvd. Bartlesville, OK 74006

<u>www.delawaretribe.org</u> 918-337-6570 or 918-337-6583

Email: enrollment@delawaretribe.org

Fax: 918-337-6540



Tonya Anna Assistant Chief

MEMBER REQUEST TO UPDATE INFORMATION

Last Name	F	First Name			le Initial			
							mplete boxes for wh	
			1			you are	e requesting a chang	ge.
Other Name(s) – indicate maiden		Date of Birth	Date of Birth Phone #			Name		
Address	City		State	Zip				
	City		State	Zip		Phone #		
Email				Roll #		Address		
						-2342		
	1 (1)					City	State	Zip
Other Member(s) Affected Name	by Change(s):			Date of Birth				
Name				Date of Birth				1
						Email		
Requests for name chan	ges must include	e Marriage Licer	se Divor	ce Decree or	Adoption ()rder		
requests for name chan	iges, must metad	c Mai Hage Dicci	isc, Divor	ce Decree, or a	Auopuon C	oruci.		
Member Signature					Date			