

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



Jeremy Johnson
Assistant Chief

MEMBER REQUEST TO UPDATE INFORMATION

Please complete with infor	mation currently on	file in the Enrolli	ment Office	•				
Last Name	Fi	First Name			nitial			
						Only complete box	es for wh	ich
						you are requesting		
Other Name(s) – indicate maiden Date of B		Date of Birth	Phone #		Nan	ne		
	City			7.				
Address			State	Zip	Pho	ne#		
Email				Roll #				
Eman				Κυπ π	Add	ress		
					C'A		G ₄ 4	7.
Other Member(s) Affected	by Change(s):				City		State	Zip
Name	25 21111182(2)1			Date of Birth				
					Ema	nil	L	
						•••		
Requests for name char	nges must include	Marriage Licer	se Divorc	re Decree or Ado	ontion Order			
requests for name char	iges, must metaux	Marriage Licei	150, 121,010	ce Decree, or riuc	prior Order.			
				_				
Member Signature					Date			