GILA RIVER INDIAN COMMUNITY

Sacaton, Arizona 85147

Enrollment/Census Department
Post Office Box 97
Phone: (520) 562-9790
Fax: (520) 562-9796
(520) 562-9797

Change of Address Form

Name: _____
(Please Print Name)

Physical Address: _____

_____

Mailing Address: _____

_____

Telephone #: ( )

Gila River Identification #: _____

Date of Birth: _____

What District do you live in? (Check one)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

☐ Off Reservation

What is your home District? (Check one)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

LIST ENROLLED CHILDREN OR ENROLLED MEMBER(S) YOU HAVE GUARDIANSHIP OR POWER OF ATTTORNEY FOR:

Name	DOB	GRID #

_____ _____

Signature **Date**

FORM MUST BE NOTARIZED IF MAILED OR FAXED

NOTARY PUBLIC: (FOR PRINCIPAL IDENTITY VERIFICATION)

State of: _____)
)
County of: _____)

On this _____ **day of** _____, 20_____,
before me personally appeared, _____ **[Principal], whose identity was proven to me on the basis of satisfactory evidence to be the person whose name, is subscribed to this document, and who acknowledges the he/she signed the above Change of Address form as the principal.**

Enrollment Office Use Only

Received By: _____ **Date:** _____

Entered Into Progeny By: _____ **Date:** _____