



PRAIRIE BAND POTAWATOMI NATION GOVERNMENT CENTER
MEMBER SERVICES ~ 16281 Q RD ~ MAYETTA, KS 66509
Ph. (877) 715-6789 toll free
(785) 966-3910
(785) 966-3917 FAX

CHANGE OF ADDRESS FORM

Must be received 2 weeks before Per Capita Distribution Date

This form not valid unless signed below

Date: _____

Reside on Reservation: Y _____ N _____

Enrollment Number: _____

Name: _____

First

Middle

Maiden

Last

Suffix (Jr., Sr., III, etc.)

Mailing Address County City State Zip

Physical Address County City State Zip

Home Phone #: _____ Cell #: _____ Work # _____

Date of Birth: _____ Social Security #: _____

Request Made: In Person _____ By Mail _____ By Fax _____

Signature of Tribal Member (Parent/Guardian May Sign For Minors Only)

*Note: Each adult member must complete their own form unless legal documents are on file naming a legal Guardian, Conservator or POA. Please attach a copy if not already on file. Please call if special circumstances prevent you from changing your own information so options can be discussed. All name changes must be accompanied by the legal documents showing change of name and a copy of your new Social Security card. **PLEASE KEEP OUR OFFICE UP TO DATE ON ALL OF YOUR INFORMATION CHANGES***

For Office Use Only

Data entered on database by: _____ Date: _____ Confirmed by: _____ Date _____