

WINNEBAGO TRIBE OF NEBRASKA

P.O. BOX 687 PH: 402-878-2028 FAX 402-878-2024

Change of Name Request Form

First Name

Middle Name

Last Name (Current)

ADDRESS: _____

Home Phone _____

Enrollment Number _____

Social Security # _____

Birth Date _____

I am requesting the Winnebago Tribe of Nebraska to change my name
from _____ to _____ on the Tribal Roll.

Please issue me a new CDIB (Certified Degree of Indian Blood) form
reflecting my name change.

Signature

Date

FOR OFFICE USE ONLY

Date of Change	
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**Must provide a copy of a Marriage License
or Divorce Decree to reflect name change.**