

WINNEBAGO TRIBE OF NEBRASKA

ENROLLMENT DEPARTMENT

Phone: 402-878-2028

1030 Buffalo Trail Suite 110 PO Box 687 Winnebago, NE 68071

Fax: 402-878-2024

CHANGE/UPDATE ADDRESS FORM

Enrollment number: 383-U0 _____

Name: _____
 First Middle Last (Maiden/suffix- Sr. /Jr.)

Maiden Name: _____ (if applicable) Indian: Name/Clan _____

Email: _____

Primary Phone: _____ Cell: _____

Mailing Address: _____

Physical Address: (If different then PO box) _____

ENROLLED CHILDREN'S NAMES & BIRTH DATES THAT ARE LIVING WITH YOU UNDER YOUR LEGAL CUSTODY CARE AS UPDATING ADDRESSES AFFECT CHILDREN'S ADDRESSES.

Name/s	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

I CERTIFY THE ABOVE PROVIDED INFORMATION IS TRUE AND CORRECT

Parent or Legal Guardian Signature

Date

Date Rec'd: _____

By Whom: _____