



# COMANCHE NATION ENROLLMENT

Phone 580.360.0535 Fax 580.492.6389 [enrollment@comanchenation.com](mailto:enrollment@comanchenation.com)

## ADDRESS & CONTACT INFORMATION UPDATE

### INSTRUCTIONS:

1. One form per person. Please print clearly in blue or black ink.
2. Age 18+ must submit their own form – A copy of the member's photo ID is required.
3. Minor members (under 18) – parent/legal guardian must complete and attach photo ID.
4. Must be returned to the Enrollment Office by mail. **Faxes will NOT be accepted.**

Member Full Name: \_\_\_\_\_ Roll #: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

If member is incarcerated, please list the incarceration/DOC# \_\_\_\_\_

### MAILING ADDRESS:

PO Box/Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PHYSICAL ADDRESS:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PHONE & EMAIL INFORMATION:

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

By signing below, I certify that the above information is true. I understand that penalties may be incurred as a result of filing false information. **(Form Must Be Signed or It Is Considered Incomplete)**

**\*OUT OF STATE MEMBERS – FORM MUST BE SIGNED IN FRONT OF A NOTARY TO BE ACCEPTED\***



\_\_\_\_\_  
Signature of Tribal Member/Parent/Legal Guardian

\_\_\_\_\_  
Date

Relationship to Tribal Member: ☐ Self ☐ Parent ☐ Guardian of Minor\* ☐ Guardian of adult\*

**\*For Guardianships/Power of Attorney/Adoptions – Please attach a copy of court/legal documentation**

State of: \_\_\_\_\_

County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public: \_\_\_\_\_

Comanche Nation Enrollment P.O. Box 908 Lawton, Oklahoma 73502

[www.comanchenation.com](http://www.comanchenation.com)