



COMANCHE NATION OFFICE OF ENROLLMENT

P.O. Box 908 Lawton, OK. 73502 Phone (580) 360-0535 Fax (580) 492-6389

NAME CHANGE REQUEST FORM

REQUEST REQUIREMENTS:

- ☐ Name Change Request Form
- ☐ Any combination of **TWO** of these documents:
 - Legal Document showing name change
-Marriage License, Divorce Decree or Adoption Decree
 - Picture ID (Photocopy)
 - Social Security Card (Photocopy)

Note: Keep in mind that the name on file must match what you have on file with the Social Security Administration. A difference in the name could result in a 28% withholding on all per-capita payments.

NAME CHANGE INFORMATION

Roll#: _____

New Name: _____
LAST FIRST MIDDLE SUFFIX

Previous Name: _____
LAST FIRST MIDDLE SUFFIX

Date of Birth: ____/____/____

Social Security Number: _____ - _____ - _____

I am requesting the Comanche Nation to change my name

from _____ to _____ on the Tribal Roll.

I am aware that this change will reflect all future per-capita payments as well as any enrollment records.

Signature

Date

FOR OFFICE USE ONLY

Entered Into Progeny By: _____

Date: _____