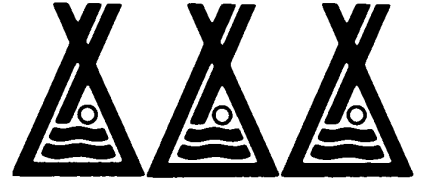


THE CONFEDERATED TRIBES OF THE WARM SPRINGS RESERVATION OF OREGON



ADDRESS CHANGE FORM

Vital Statistics Department, P O Box C, Warm Springs, Oregon 97761
(541) 553-3252 & 3253, Fax: (541) 553-1924

PLEASE NOTE ANY CHANGES RECEIVED PRIOR TO THE **10TH** OF THE MONTH WILL REFLECT IN THE CURRENT MONTH REGISTER

Requesters Signature: _____ **Date:** _____

Relationship to the person listed below: SELF: _____ GUARDIAN _____ Other _____

Birth Date: _____ Enrollment#: _____

Last Name: _____

First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone Number: () _____ (circle one) Primary Message Cell

Email: _____

REASON FOR REQUEST

Pension: _____ **Percapita** _____

PENSION ONLY

Add Bank: Name of Bank: _____ Address: _____

City: _____ State: _____ Zip: _____

Savings: _____ Checking: _____ (Please Provide a voided deposit slip)

Deleting Banking: Name of Bank: _____

Other: _____

VITAL STATISTICS INFORMATION PURPOSES ONLY: DO NOT FILL OUT THIS AREA

Action Code: _____ (A=Add, C=Change)

Date Entered in System: _____

Completed by: _____