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: ________________________________

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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: ________________________________

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

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

Date Entered in System: ________________

Completed by: _________________________