

SANTA CLARA

POST OFFICE BOX 580
(505) 753-7326



INDIAN PUEBLO

ESPANOLA, NEW MEXICO
87532

VITAL STATISTICS

ENROLLMENT

CHANGE OF ADDRESS FORM

NAME: _____
FIRST MIDDLE LAST SUFFIX

OTHER NAMES: _____
FIRST MIDDLE LAST

DATE OF BIRTH: _____

CURRENT ADDRESS CHANGE:

PHYSICAL or PO BOX #

CITY STATE ZIP

CHILDREN INCLUDED IN CHANGE:

FIRST MIDDLE LAST DATE OF BIRTH

Name change document of enrolled member from any tribal, state, or federal jurisdiction must accompany this form!

VERIFICATION

SIGNATURE

DATE

****YOUR ADDRESS WILL NOT BE UPDATED IF
YOU DO NOT SIGN AND DATE THIS FORM****

Name change document of enrolled member from any tribal, state, or federal jurisdiction must accompany this form!