SANTA CLARA
POST OFFICE BOX 580
(505) 692-6325
Vital Statistics

INDIAN PUEBLO
ESPANOLA, NEW MEXICO
87532
Enrollment

CHANGE OF NAME REQUEST FORM

NAME:	First	Middle	Last	Suffix:
ALIAS (NAMES USED):				
DATE OF BIRTH:	MONTH/DATE/YEAR			

CURRENT NAME CHANGE:

NAME CHANGED TO:

ADDRESS INFORMATION:

PHYSICAL ADDRESS:	CITY	STATE	ZIP CODE
MAILING ADDRESS:	CITY	STATE	ZIP CODE

Children/Family Member(s) Included in Change

	Name (First, Middle, Last)	
1		
2		
3		
4		
5		
6		

Verification

SIGNATURE **DATE:**

****YOUR NAME WILL NOT BE UPDATED IF YOU DO NOT SIGN & DATE THIS FORM****

OVSE STAFF ONLY

SIGNATURE: **DATE:**

STAFF STAMP/DATE_____