



**PRAIRIE BAND POTAWATOMI NATION GOVERNMENT CENTER**  
MEMBER SERVICES ~ 16281 Q RD ~ MAYETTA, KS 66509  
Ph. (877) 715-6789 toll free  
(785) 966-3910  
(785) 966-3950 FAX

**CHANGE OF ADDRESS FORM**

**This form not valid unless signed below**

Date: \_\_\_\_\_

Reside on Reservation: Y \_\_\_\_\_ N \_\_\_\_\_

Enrollment Number: \_\_\_\_\_

Name: \_\_\_\_\_

First

Middle

Maiden

Last

Suffix (Jr., Sr., III, etc.)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**(Only if different than mailing address)**

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Request Made: In Person \_\_\_\_\_ By Mail \_\_\_\_\_ By Fax \_\_\_\_\_

**Signature of Tribal Member (Parent/Guardian May Sign For Minors Only)**

*Note: Each adult member must complete their own form unless legal documents are on file naming a legal Guardian, Conservator or POA. Please attach a copy if not already on file. Please call if special circumstances prevent you from changing your own information so options can be discussed. All name changes must be accompanied by the legal documents showing change of name and a copy of your new Social Security card. **PLEASE KEEP OUR OFFICE UP TO DATE ON ALL OF YOUR INFORMATION CHANGES***

**For Office Use Only**

**Data entered on database by: \_\_\_\_\_ Date: \_\_\_\_\_ Confirmed by: \_\_\_\_\_ Date \_\_\_\_\_**