



Prairie Band Potawatomi Nation

Member Services:

Burial Assistance, Election, Enrollment, Tribal VSP

16281 Q Road

Mayetta, KS 66509

Phone (785) 966-3910 ♦ Toll Free (866) 277-3722

Fax (785) 966-3950 ♦ [group-memberservices@pbpnation.org](mailto:group-memberservices@pbpnation.org)

**Change of Address/Name Form**

**Note:** *One tribal member per form. Each adult tribal member must complete their own form, unless legal documents are on file naming a legal guardian, conservator or power of attorney. Minors must have their own form and be signed by parent/guardian. All name changes must include legal documents showing change of name and a copy of your new Social Security card for adults. Minors with name changes must include original amended birth certificate, legal documents showing change of name and a copy of their new Social Security card. Notify Member Services each time your information changes. **This form is not valid unless signed below.***

Enrollment Number: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Last Name\*: \_\_\_\_\_ Suffix: \_\_\_\_\_

\*do not use changed last name until supporting documents have been received by our office.

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

Homeless: I will contact Member Services once an address is obtained.

\*To ensure that we have the correct address, do not abbreviate, spell your address out.

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**If mailing address is a PO box list your physical address for census purposes.**

Same as mailing Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email address:  same  change \_\_\_\_\_

Home/Message Phone #:  same  change \_\_\_\_\_

Cell Phone #:  same  change \_\_\_\_\_

Work Phone #:  same  change \_\_\_\_\_

\_\_\_\_\_  
Signature of Tribal Member (parent/guardian sign for minors)

\_\_\_\_\_  
Date