



MINOR CHANGE OF ADDRESS FORM

- Forms must be completed in black or blue ink only. Forms with white out/correction tape will not be accepted. In case of a mistake, draw a line through the error. Initial the error. Write the correction above the strike out.
Only the legal custodial parent(s) or legal guardian(s) listed in our database system can fill this form out on the minor's behalf. If parents or legal guardians are listed on a child's record as "AND "(i.e.: mom AND dad) then both parties must sign off on a change of address form.
Should guardianship/custody change, an original or certified copied court order must be submitted to the Department of Enrollment verifying guardianship. Originals and certified copies will be returned via certified mail.
If there is a name change, submit an original or certified copied court order verifying the name change, with the original social security card reflecting the name change. Originals and certified copies will be returned via certified mail.
If this form is submitted 6 months or older from the date of the notary, it will be considered expired and a new Minor Change of Address Form will need to be completed.
If an adoption has taken place submit the original or certified copied Final Adoption Decree, original amended state birth certificate with adoptive parent's names, and original amended social security card reflecting the name change if any (name should match on ALL DOCUMENTS). Originals and certified copies will be returned via certified mail.

MINOR'S INFORMATION

*****(If this page is NOT notarized, it will not be processed. Faxes or copies will not be accepted)*****

DATE OF BIRTH: _____

FIRST NAME: _____ MIDDLE NAME: _____

LAST NAME: _____ SUFFIX: _____

NAME OF PARENT(S)/GUARDIAN(S) _____ RELATIONSHIP TO CHILD: _____

PRIMARY PHONE NUMBER: (_____) _____ - _____ MESSAGE NUMBER: (_____) _____ - _____

NEW ADDRESS

(mailing address is where per capita payments will be mailed to)

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ COUNTY: _____

STREET ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ COUNTY: _____

INDIVIDUALS APPLYING FOR MINOR'S FUNDS ARE REQUIRED TO READ AND SIGN THE FOLLOWING STATEMENT:

18 United States Code, Section 1001, Federal Law Governing Fraud:

"Whoever, in any matter within the jurisdiction of any Department or Agency of the United States knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or devise a material fact or makes a false, fictitious, or fraudulent statements or representations or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned no more than five years or both."

SIGNATURE(S)

DATE

This box is for NOTARY use only - I.D. is REQUIRED for notarization.

State of: _____

County of: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

NOTARY SEAL

Notary Public's Signature

For any questions or concerns, please contact the Cheyenne & Arapaho Tribes, Department of Enrollment at: (405) 422-7600

PLEASE MAIL CHANGE OF ADDRESS FORM TO: CHEYENNE & ARAPAHO TRIBES DEPARTMENT OF ENROLLMENT PO BOX 134 CONCHO, OK 73022