



Department of Enrollment

ADULT CHANGE OF ADDRESS (COA) FORM

- A completed IRS W-9 form must be submitted with this form or your paperwork will not be processed. 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.
- Legal guardians must submit an original or certified copied court order verifying their guardianship status to the Department of Enrollment. Originals or certified copies received by mail will be returned via certified mail.
- Tribal members who have a Power of Attorney must submit an original notarized Power of Attorney listing the attorney-in-fact or agent. Originals received by mail will be returned via certified mail.
- If there is a name change, submit an original or certified copied marriage license or court order verifying the change, with the original social security card reflecting the name change. Originals or certified copies received by mail 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 Change of Address Form and W-9 Form will need to be completed.

IF THIS PAGE IS NOT NOTARIZED, YOUR FORMS WILL NOT BE PROCESSED. FAXES OR COPIES WILL NOT BE ACCEPTED.

DATE OF BIRTH: _____

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
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MAILING ADDRESS (this address must match the address on the W-9)	CITY	STATE	ZIP CODE	COUNTY
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STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY
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PRIMARY PHONE NUMBER: (____) _____ - _____ EMAIL ADDRESS: _____

TWO (2) NEXT OF KIN OR BENEFICIARIES WITH CONTACT PHONE NUMBERS ARE REQUIRED ON THIS FORM, IT WILL BE CONSIDERED INCOMPLETE IF NOT FILLED OUT IN ITS ENTIRETY, AND WILL BE RETURNED TO YOU FOR COMPLETION.

For purposes of the Cheyenne & Arapaho Tribes Burial Program **MEAL & TRANSPORTATION ASSISTANCE ONLY**, I hereby name the following individual(s)— currently of legal age (18), as my **NEXT OF KIN OR BENEFICIARIES**:

First next of kin/beneficiary's Full Name: _____ Contact phone number: (____) _____ - _____

Second next of kin/beneficiary's Full Name: _____ Contact phone number: (____) _____ - _____

Notice Regarding False Statements

Whoever, in any matter within the jurisdiction of any Department or Agency of the United States, knowingly and willfully falsifies, or covers up by trick, scheme, or devise a material fact or makes a false, fictitious, or fraudulent statement or representation or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, may be punished by fine, imprisonment, or both. (§ U.S.C., Section 1001).

I have read and understand the preceding Federal Law, and I verify that I am the above stated adult and on the W-9 or a legal guardian for the adult listed above and on the W-9.

SIGNATURE

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

PLEASE MAIL CHANGE OF ADDRESS FORM AND W-9 FORM TO:
CHEYENNE & ARAPAHO TRIBES
DEPARTMENT OF ENROLLMENT
PO BOX 134
CONCHO, OK 73022

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

