

RED LAKE ENROLLMENT DEPARTMENT

CURRENT/CHANGE ADDRESS FORM

PLEASE PRINT CLEARLY

Full Legal Name: _____

Address: _____

City, State & Zip _____

Birth Date: _____

Reservation Voting _____

District: _____

**Enrolled children's Names & Birth Dates that are
living with you under your legal custody and care**

Name/s:

Date of Birth:

_____	_____
_____	_____
_____	_____
_____	_____

I certify the above provided information is true and correct:

Tribal Member Signature

Date

WITNESSED BY current Red Lake Embassy/Urban Office Employee or NOTARY PUBLIC:

Subscribed and sworn to before me this _____ day of _____ 20____
personally appeared _____.
(name of individual)

Signature of Witness or Notary Public

Date

(Notary Seal if notarized)

Mail or personal delivery of
original form to:
Red Lake Enrollment Department
P.O. Box 555
Red Lake, MN 56671