

**HOOPA VALLEY TRIBE
ENROLLMENT DEPARTMENT**

P.O. Box 1348, Hoopa, California 95546
PH: (530)625-4364 ext. 10 Fax: (530)625-4947
E-mail Address: hvtenroll@yahoo.com

Change of Name Request Form

First Name	Middle	Last Name (Current)
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Other Names Used: _____

ADDRESS: _____

Home Phone: _____ Cell Phone: _____

HRN: _____

SSN: _____

Date of Birth: _____

I am requesting the Hoopa Valley Tribe Enrollment Department to change my name from:
_____ to _____ on the Hoopa Valley
Tribal membership roll.

Signature

Date

**Requests for name change form must be accompanied by a copy of one of the following:
1) Marriage License, or 2) Divorce decree, or 3) Court order of name change. Certificate
of Enrollment will be automatically issued or mailed to address listed.**