Hoopa Valley Tribe

Change of Address Form

☐ **Address for Per Capita**

☐ **Marriage Certificate attached for a Name Change**

1) Tribal Roll # _____ 2) Name _____

a) Maiden Name _____

3) Old Address _____

_____

4) New Address Street _____

City, State, Zip Code _____

Phone Number _____

5) MINORS: (if applicable, list the full name and roll numbers of all MINOR members below who are affected by this change of address)

Tribal Roll #_____ Name_____

Tribal Roll #_____ Name_____

Tribal Roll #_____ Name_____

Tribal Roll #_____ Name_____

SIGNATURE Authorizing Change _____ Date _____

Send Copies: ☐ **Elections** ☐ **Enrollment** ☐ **Fiscal** ☐ **Per Cap**

Please submit changes in writing to:

Hoopa Valley Tribal Council
C/O Per Cap Administrator
PO Box 1348, Hoopa, CA 95546
Phone: 530-625-4211
Fax: 530-625-4815
Email: percapita@hoopa-nsn.gov