



**Confederated Tribes of Siletz Indians
Enrollment Department**

201 SE Swan Ave
PO Box 549
Siletz, Oregon 97380-0549
Telephone: (541)444-8258 • Toll Free: (800) 922-1399 ext. 1258
E-Mail: EnrollmentDepartment@ctsi.nsn.us

- Enrollment Staff Use -

Entered: _____

By: _____

Address & Contact Information Update

Please print clearly in blue or black ink

INSTRUCTIONS: Tribal members are responsible to notify Enrollment staff in writing of any changes to their addresses. Adult tribal members must update their own information and sign unless they have legally been found incompetent. In this case, Letters of Guardianship or similar legal documents designating a guardian must accompany the update. Children in foster care are listed in the care of the Child Welfare or DHS office and updates will only be accepted by the Child Welfare or DHS office.

Siletz Tribal Member: _____ **Roll#:** _____

Mailing Address:

				<input type="checkbox"/>
PO Box/Street	City	State	Zip	
Name of person in "Care Of": _____				<input type="checkbox"/>
			(or Incarceration ID#)	

Physical Address:

(if different from mailing)

				<input type="checkbox"/>
Street	City	State	Zip	

Phone & Email Information:

Primary Phone: _____

Text Call Only

Alternate Phone: _____

Text Call Only

Alternate Phone: _____

Text Call Only

Email Address: _____

Changes also apply to the following Siletz Tribal member **minors** in my care:

Roll #	Name of Minor	Relationship to You	
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Add additional pages (or list on back) for minors in your care if necessary

By signing below, I certify the above information is correct and current.

X _____
Signature of Tribal Member/Parent/Guardian*

Date

Relationship to Tribal Member: Self Parent Guardian of Minor* Guardian of Adult*

*Attach court or other legal documentation to show Guardianship/Power of Attorney