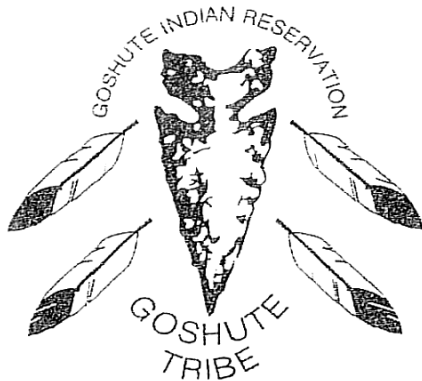




**CONFEDERATED TRIBES
of the
GOSHUTE RESERVATION**

HC 61 Box 6104
Ibapah, Utah 84034
435-234-1138 (office)

Change of Name and/or Address

Full Name: _____ Enrollment No. _____

Full name and enrollment number for each child: _____

Address Change: ☐ Name Change: ☐ (Mark one)
(Original Documents needed for name change)

New Name: _____
(If applicable)

New Address (Physical): _____

New Address (PO/HC BOX): _____

Email Address: _____ Telephone Number: _____

Effective Date of Change: _____

Contact made by:

Telephone ☐ Email ☐ Personal ☐ (Mark one)

Signature: _____ Date: _____
(Circle) Self/Parent/Guardian of minor

Comments: _____

OFFICE USE ONLY

Finance ☐ Secretary ☐ Enrollment Clerk ☐

Date Entered to Adult or Minors Listing: _____

Original filed in Tribal Enrollment Office - Minor child name & address to be sent to OST w/edit change