## **Tribal Member and Household Contact Information**

Date:					
Name:	D.O.B				
Physical Address:					
□М	lailing address	is the same as t	he physical ad	ldress	
Mailing Address:					
Email Address:					
Primary #:		Cell #	<b>!</b> :		
Message #:			_		
Name Change From:					
To:					
Marital Status: Individual					Common-law
If recently married or divor	ced and you n	eed a name cha	<mark>ange, please s</mark>	submit legal do	ocuments with
		this form			
List names of all enrolled m	nembers that	live at the phy	sical address	s:	
Name:	ne: D.O.B.		Phone #:		
☐ Information for minors living in	n the househo	ld should be upo	lated		
☐ I give Enrollment Staff permis Databases	ssion to update	Accounting and	d Natural Reso	urces	

PLEASE RETURN TO THE ENROLLMENT CLERK OR THE FRONT DESK OR SUBMIT BY EMAIL TO  $\underline{enrollment@pgst.nsn.us}.$