



Sokaogon Chippewa Community

Tribal Enrollment Department

3051 Sand Lake Rd. Crandon, WI 54520

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Ext 2: (715) 478-4217 * Office Fax: (715) 203-1875

Change of Address Form

Last Name First Name
Middle Maiden
SSN # D.O.B. Phone Number

Physical Address

Address City State Zip Code
Email

Mailing – Please include physical address; if you have a P.O. Box

P.O. Box City State Zip Code

List any children and their birth dates; if under the age of 18. Must have custody of the children to be able to use same address.

All Change of Name's will not be official until legal documents are provided.

Example: State ID, Driver's License, Social Security, Marriage Certificate, or Certified Court Documents.

Signature Date