



**BLACKFEET TRIBE  
ENROLLMENT/PER CAPITA DEPARTMENT  
P.O. BOX 850  
BROWNING, MONTANA 59417  
PH: (406) 338-3533 \* FAX: (406) 338-5233**

**ADDRESS CHANGE FORM**

DATE: \_\_\_\_\_

Dear Enrolled Blackfeet Tribal Member,

It is important that you update your mailing address with the Blackfeet Enrollment/Per Capita Department on a regular basis. Please be advised that this office needs this information by November 15<sup>th</sup> of each year to ensure accurate delivery of your annual Per Capita payment. **Remember to include your minor children on this form.** Adults 18 years & older must fill out a separate form that includes their children.

Due to our policy and procedures, your SIGNATURE must be NOTARIZED before we can accept this form. Please mail this form to the above address. (Faxed requests can be accepted if properly notarized)

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**PLEASE PRINT THE INFORMATION BELOW**

NAME: \_\_\_\_\_ ENROLLMENT # 201-U \_\_\_\_\_  
(First, Middle, and Last)

D.O.B: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ SS#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SPOUSE: \_\_\_\_\_ ENROLLMENT # 201-U \_\_\_\_\_  
(Name) (First, Middle, and Last)

D.O.B: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ SS#: \_\_\_\_\_

NAME'S OF MINOR CHILDREN, ENROLLMENT #'S AND/OR D.O.B.: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

\*\*\*\*\*

**-NOTARY PUBLIC-**

*Appeared, subscribed and sworn before me, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_*

**Office Use Only:**  
Date Received: \_\_\_\_\_  
ID Checked: \_\_\_\_\_  
Office Clerk: \_\_\_\_\_

\_\_\_\_\_  
*NOTARY PUBLIC FOR THE STATE OF:* \_\_\_\_\_  
*RESIDING AT:* \_\_\_\_\_  
*COMMISSION EXPIRES:* \_\_\_\_\_