Nome Eskimo Community

TRIBAL ENROLLMENT UPDATE FORM

APPLICANT LAST NAME | FIRST NAME | MIDDLE NAME

ESKIMO, INDIAN, MAIDEN, OR OTHER NAME USED | SOCIAL SECURITY NUMBER | DATE OF BIRTH

CULTURE AFFILIATION (e.g. Inupiaq, Yupik, Athabascan)

REASON FOR UPDATE

Please check all that apply:

☐ NEW ADDRESS ☐ NAME CHANGE ☐ MARRIAGE ☐ DIVORCE ☐ ADOPTION ☐ OTHER

Please provide copies of legal documentation supporting your request.

IF YOU CHECKED "OTHER," PLEASE EXPLAIN

MAILING ADDRESS | CITY | STATE | ZIP

PHYSICAL ADDRESS (if different from mailing address) | CITY | STATE | ZIP

CELL PHONE | DAY PHONE | EMAIL ADDRESS

CITY OF BIRTH | STATE OF BIRTH

SIGNATURE OF APPLICANT OR SPONSOR | DATE

PRINTED NAME OF APPLICANT OR SPONSOR

TRIBAL ENROLLMENT OFFICER | *DATE*