



Change of Address Notification

Instructions

- Please use this form to notify the Health & Social Service/Vital Statistics office of any change in your address or telephone number. You may write on the back of this form if needed.
- For your own protection, change requests must be in writing and signed by the tribal member.
- No changes can be accepted by phone, fax or email.

Name

Last

First

Middle

List full name, ages & roll # of all children in household: _____

Contact Information: _____

E-Mail Address

Home Phone

Work Phone

Cell Phone

Social Security Number

Date of Birth

Tribal ID Number

Current Address

Number/Street/Apt. #/PO Box

City

State/Zip

Country (if not U.S.)

New Address

Number/Street/Apt. #/PO Box

City

State/Zip

Country (if not U.S.)

Check the appropriate box:

- ☐ I am requesting a change of address for my mailing address
- ☐ I am requesting a change of address for my residential address
- ☐ I am requesting a change of address for both my mailing and residential addresses

Sign Here: _____

Date: _____

RETURN THIS FORM BY MAIL TO:

Vital Statistics/Health & Social Services Department
10100 S. Bluejacket Rd., Ste. 1
Wyandotte OK 74370

Email form to: vs@estoo.net