

**TUOLUMNE BAND OF ME-WUK INDIANS
NOTIFICATION FORM FOR CHANGE OF ENROLLED MEMBER STATUS**

The Tuolumne Enrollment Act of 2003, Section 9.0 Membership Roll, 9.3 Upon receipt of certified documentation, the Enrollment clerk is authorized to propose updates to individual information contained on the Membership Roll, such as name or address changes or death. The Enrollment committee must approve any proposed changes made to individual information. For purposes of this section, "certified documentation" shall include the following: (a) Name change: (i) Marriage license; (ii) Divorce decree; (iii) Court order changing name. (b) Address change: written statement signed by Tribal member or his/her guardian. (c) Death: (i) Death certificate; (ii) Bureau of Indian Affairs records; (iii) Mortuary records; (iv) Hospital records; (v) Obituary notice from newspaper.

LEGAL NAME CHANGE	CHANGE OF ADDRESS	NOTIFICATION OF DEATH
Name I am currently enrolled under:	Name:	Name of person reporting Death & Relationship to Deceased:
Last Name:	Former address:	
Middle Name:	Street/PO Box	Deceased Name:
First Name:	City, State Zip	Address:
Please change to:	Phone No	City/Town
Last Name:	New address	State & Zip
Middle Name:	Street/PO Box	Date of Death
First Name:	City, State, Zip	Death Certificate Attached: ____ Yes ____ No
Copy of Document Provided Please check <input checked="" type="checkbox"/>	Physical address:	Date Death Certificated Received:
<input type="checkbox"/> Marriage License <input type="checkbox"/> Divorce Decree <input type="checkbox"/> Court Order LIST 1935 ROLL ANCESTOR-- _____	Phone No:	Through the Tribal Social Service Department burial assistance may be available for the decedent under certain circumstances. Do you want the Enrollment Office to have the Social Services Office contact you for information? ____ Yes ____ No If yes, please provide phone number where you can be reached.
	Effective Date:	
	Change the address of my enrolled <u>minor children</u> whom reside with me as listed below. (Use the back of this form if you need additional room.)	
I WOULD LIKE MY INFORMATION FORWARDED TO THE FOLLOWING DEPARTMENTS: PLEASE CIRCLE : HOUSING - FISCAL - EDUCATION – TRIBAL BENEFITS - RECREATION P & D – SOCIAL SERVICES – CULTURAL - OTHER-		

Print Enrolled Member Name _____

Date _____

Signature of Enrolled Member /Parent /Legal Guardian/ Other _____

Enrollment Number if applicable _____

OFFICIAL USE OF MEMBERSHIP ROLL; The membership roll, when duly certified and approved by the Enrollment Committee in accordance with this Ordinance, shall be used for all official purposes, such as, but not limited to: Distribution of Tribal per capita payments, Tribal benefits or other Tribal trust assets.

(FOR OFFICE USE ONLY)

DEPARTMENT & DATE RECEIVED	RECEIVED BY	ACTION TAKEN	DATE TO ENROLLMENT	ENR. CHAIRPERSON'S SIGNATURE