THE SAGINAW CHIPPEWA INDIAN TRIBE OF MICHIGAN TRIBAL CLERKS OFFICE

OFFICIAL NAME CHANGE FORM FOR TRIBAL MEMBERS

***NOTICE: All name change forms must be accompanied by an updated

Social Security Card to be accepted***

Social Security Cara to be accepted		
Membership Number: M	Date:	
Name as it currently appears	s on the Tribal Roll:	
Name Change:		
Please sign your new name v Documentation Must Be Pr		ne
	•	loption Record
☐ Legal Name Change	Other:	
Do you wish to re-register to	o vote:	
FOR OFFICE USE ONLY		
IIIItiais	r Cap, and □Benefits (Lisa/Craig), □Bu	Initials Date