

The Saginaw Chippewa Indian Tribe of Michigan
Address Change Form - PRINT CLEARLY

The Tribal Per Cap Plan states that ALL TRIBAL MEMBERS are required to update their contact information with the Tribal Clerk's Office when changes occur to ensure continued payments. Completing this form will officially change your address on the official Tribal Database and for all Tribal Departmental mailing purposes. This form must be completed 10 days prior to the first of the month if you want the change to take affect for purposes of the Tribal Per Capita Department. When changing your residential address, you must check "Yes" to renew your voter registration. Changing your residential address at any time means your voter registration must also be updated. Checking "No" cancels your voter registration effective on the date that the form is accepted by the Tribal Clerk. Send to Tribal Clerk, 7500 Soaring Eagle Blvd., Mt. Pleasant, MI 48858 • Phone 989.775.4054

PRINT CLEARLY, COMPLETE ENTIRE FORM, SIGN BEFORE A NOTARY OR A FEDERAL CORRECTIONS AGENT, PRIOR TO RETURNING TO TRIBAL CLERK

NAME: _____ **M** _____ **F** _____
 Last First Middle Sex (Circle One)

MEMBERSHIP #: M _____ **SS#:** _____ - _____ - _____ **BIRTH DATE:** ____/____/____

RESIDENTIAL ADDRESS (Where you physically live.)

_____ Number & Street Indicate: Apartment or Lot
 _____ City State Zip

MAILING ADDRESS: (ONLY if different from your Residence address above.)

_____ Number & Street Indicate: Apartment or Lot
 _____ City State Zip

HOME PHONE : (____)____ - _____ **COUNTY OF RESIDENCE:** _____

CELL PHONE: (____)____ - _____

REGISTER TO VOTE: Yes No

Have you been convicted of a crime on or after June 1, 2013?

Yes No

If yes, provide the type of conviction: _____

Date of conviction(s): _____

Where: _____

EMAIL: _____

****THIS FORM MUST BE NOTARIZED OR SIGNED BY A FEDERAL CORRECTIONS AGENT****

Signature

Date

=====Notary Use Only=====

This instrument was acknowledged before me on this _____ day of _____, _____; sworn and subscribed before me by _____.

STATE OF _____)
)ss.

COUNTY OF _____)

 Notary Public Signature
 In and for the State of _____
 County of _____
 My Commission Expires on _____
 Acting in _____ County.

=====Federal Corrections Agent Use Only=====

Subscribed and sworn before me, a Federal Corrections Agent authorized to administer oaths and take acknowledgments of inmates.

 Corrections Agent authorized by the Act of July 7, 1955,
 as amended, to administer oaths (18 U.S.C. § 4004).

 Date