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**

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 _____.

_____
Notary Public Signature

STATE OF _____) In and for the State of _____

)ss. County 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