



**EASTERN BAND OF CHEROKEE INDIANS**  
**Tribal Enrollment Office, PO Box 2069, Cherokee, NC**  
**28719**

Toll Free #: (800)357-2777 Phone #: (828)359-6465 Fax #: (828)520-7104

Enrollment Record Update Form		
Name of member:		AKA:
Maiden name if applicable:		Social Security #
Enrollment #:	Cell Phone #:	Home Phone #:
Date of birth:		E-mail address:
Do you live on Tribal Land? ___Yes ___No		If yes, show community of residence:
If no, show your community of descent on Tribal Land:		
Marital Status:		Are you head of household? ___Yes ___No
Number of Biological Children:		Number of Adopted Children:

Address Change Information			
New Mailing Address:			
City:	State:	Zip:	County:
Physical Address:			
City:	State:	Zip:	County:

Please list your children (under 18 years of age) that also live at this address:	
Name of Child:	D/O/B:
Signature of Member:	Date:

**If you are completing this address change form outside of the Enrollment Office, please have your signature notarized on the back of this form.**

This section is for Enrollment Office use only	
Received by:	Previous Address of member:
W9 Date:	
Do we have a physical address on file? ___Y ___N	
Do we have a photo on file? ___Y ___N	

(Received Stamp)

**Enrollment Record Update Notary Section**

State of: \_\_\_\_\_

County of: \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

before me, \_\_\_\_\_, the undersigned Notary

Public for \_\_\_\_\_ County, personally appeared:

\_\_\_\_\_

\_\_\_\_\_  
Names(s) of Signer(s)

\_\_\_:Personally, known to me; or

\_\_\_:Proved to me on the basis of satisfactory evidence

To be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same for the purposes therein stated.

Witness my hand and official seal.

Notary Public

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

Place Notary Seal and/or Any Stamp Above