

**AUTHORIZATION FOR CHANGE OF ADDRESS**

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

Date of Birth: \_\_\_\_\_

Enrollment #: \_\_\_\_\_

**OLD ADDRESS:**

**NEW ADDRESS:**

\_\_\_\_\_  
*Street Address/P.O. Box*

\_\_\_\_\_  
*Street Address/P.O. Box*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State & Zip Code*

\_\_\_\_\_  
*State & Zip Code*

Children under 18 yrs. of age and/or adult individual under my care. (Must provide Court Order or Power of Attorney):

| NAME | DATE OF BIRTH | ENROLLMENT # |
|------|---------------|--------------|
|      |               |              |
|      |               |              |
|      |               |              |
|      |               |              |
|      |               |              |

*(Use back of form for additional children)*

I hereby authorize the Pueblo of Laguna Tribal Enrollment Office to change my address and the address of my minor child/children or adult individual. Signature must be notarized.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
*Notary Public*

*My Commission Expires:* \_\_\_\_\_

Pueblo of Laguna – Tribal Enrollment  
P.O. Box 194  
Laguna, NM 87026  
(505) 552-5771/5772/5773  
Fax: (505) 552-7037  
Enrollment@lagunapueblo-nsn.gov

*Effective Date: March 1, 2018*