



Aleut Community of St. George Island

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Tribal Member Name/Address Change Form

Name (please print): _____
(Last) (First) (M.I.)

Custodian for the following Aleut Community
of St. George Island Tribal Member: _____

NEW ADDRESS: _____ Social Security Number: _____
_____ Date of Birth: _____
_____ Phone Number: _____
_____ Email Address: _____

All further mail from the Tribal Enrollment Office will be sent to the address indicated above and can be changed only upon written request.

Has there been a NAME CHANGE? Yes No

If so, was the name change due to: Marriage or Divorce or Adoption

Old Name: _____

New Name: _____

If there has been a name change, please send in a copy of the legal document authorizing that name change. (i.e., marriage license, divorce decree, etc.)

SIGNATURE: _____ Date: _____

**All requests for name changes must be received with a copy of the legal document of name change attached.*

FOR OFFICE USE ONLY

Tribal I.D. No: _____

Minor I.D. No (if applicable): _____

Date: _____

Entered By: _____

Register: _____