



CHEMEHUEVI TRIBAL ENROLLMENT UPDATE APPLICATION

Call (760) 858-4219 or email enrollment@cit-nsn.gov for questions

Return by mail: P.O. Box 1976, Havasu Lake, CA 92363; Or Fax: (760)858-5400

SECTION 1—TRIBAL MEMBER INFORMATION

For verification purposes and protection against fraud Section 1 must be completed. Please print clearly with blue or black ink; typewritten is acceptable.

Full Name (First) _____ (MI) _____ (Last) _____

Chemehuevi Enrollment Number _____ Date of Birth _____

SECTION 2—PERSONAL INFORMATION

Mailing Address _____ Apartment/Unit # _____

City _____ State _____ Zip Code _____

Phone # _____ Alternate Phone # _____

Email Address _____

Marital Status _____ Date of Change _____

NEW
NAME

Legal Name Change _____

Court Order or Marriage Certificate must be accompanied with application for name change.

SECTION 3—DEATH INFORMATION

Full Name (First) _____ (MI) _____ (Last) _____

Chemehuevi Enrollment Number _____ Date of Death _____

Certified Copy of Death Certificate must be accompanied with application

SECTION 4—AUTHORIZATION

If changes are for a minor child or reporting a death identify the relationship to member.

SIGN
HERE

Signature _____ Date _____

Relationship _____