



GILA RIVER INDIAN COMMUNITY

Sacaton, Arizona 85147

Enrollment/Census Department
Post Office Box 97
Phone: (520) 562-9790
Fax: (520) 562-8103

Address Update Form

Name: _____
(Please Print Name)

Gila River Identification #: _____

Date of Birth: _____

Mailing Address: _____
Apt#: _____

What District do you live in? (Check one)

1 2 3 4 5 6 7

Off Reservation

City: _____

What is your home District? (Check one)

State: _____ Zip Code: _____

1 2 3 4 5 6 7

Telephone #: _____

PARENT OR GUARDIAN: List enrolled children under the age of 18 or incapacitated adults living in your household.

Name	DOB	GRID #

SIGNATURE DATE

NOTARIZATION IS REQUIRED IF MAILED, FAXED OR SUBMITTED BY A THIRD PARTY

NOTARY PUBLIC: (FOR PRINCIPAL IDENTITY VERIFICATION)

State of: _____)

County of: _____)

On this _____ day of _____ 20_____, before me personally appeared, _____ [name of signer], whose identity was proven to me on the basis of satisfactory evidence to be the person whose name, is subscribed to this document, and who acknowledges that he/she signed the above Address Update form as the principal.

(seal)

Notary Public (Notary Signature)

My commission expires _____

Enrollment Office Use Only

Received By: _____ Date: _____

Entered Into Progeny By: _____ Date: _____