



# GILA RIVER INDIAN COMMUNITY

Sacaton, AZ 85147

Enrollment/Census Department  
 P.O. Box 97  
 Phone: (520) 562-9790  
 Email: [Enrollment.dept@gric.nsn.us](mailto:Enrollment.dept@gric.nsn.us)

## Address Update Form

Contact Information for Gila River Indian Community ("GRIC") Members

CONTACT INFORMATION							
Name:		Gila River ID#:		Date of Birth:			
Mailing Address:		City:		State:	Zip Code:		
Physical/Street Address:		City:		State:	Zip Code:		
Phone #:			Email:				
What district do you live in: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> Off Reservation			What is your home district: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7				
Head of Household? <input type="checkbox"/> Yes <input type="checkbox"/> No			Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Branch: _____				
PARENT OR GUARDIAN: List enrolled children under the age of 18 or incapacitated adults living in your household							
Name		DOB	GRID#	Name		DOB	GRID#
<p><b>Certification:</b> I hereby certify all information provided is true and correct to the best of my knowledge and if additional members are listed, I am the parent/guardian entitled to their custody or an agent authorized to act on their behalf. I also acknowledge the information I submit may be provided to Community departments, other tribal enrollment offices or federal agencies in accordance with the GRIC Membership ordinance.</p> <p>Signature: _____ Date: _____</p>							
NOTARY SECTION: (Notary required if submitted by mail, email, fax, or a third party)							
STATE OF _____ )							
County of _____ )							
On this _____ day of _____, 20____ before me personally appeared and providing satisfactory evidence to be the person whose name is subscribed to this document, acknowledged he or she signed this form.							
MY COMMISSION EXPIRES:							
_____							
NOTARY PUBLIC							
Enrollment Department Use Only							
Received by: _____				Date: _____			
Completed by: _____				Date: _____			