



GILA RIVER INDIAN COMMUNITY

Sacaton, AZ 85147

Enrollment/Census Department
 P.O. Box 97
 (520) 562-9790
 Fax: (520) 562-8103

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#
Certification: 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.					
Signature: _____			Date: _____		
Notary Section: Notary required if submitted by mail 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: _____		