****

Vital Statistics Department, P O Box C, Warm Springs, Oregon 97761

 Phone:(541) 553-3252, 553-3253 & 553-3237, Fax: (541) 553-2236

|  |
| --- |
| **ADDRESS CHANGE FORM** *AA* |
| *Note: To receive Per Capita payment, you must complete address change by the end of the first* *week, or it will go to your last address* |
| Requesters Signature: |  |   Date: |  |
|  Birth Date: |  | Enrollment Number: |  |
|  Last Name: |   |
|  First Name: |  |  Middle Name: |  |
|  P O Box/Physical Address: |  |
| City: |  | State: |  | Zip: |  |
| Phone Number: |  | X=Check one:  |  | primary |  | message |  | cell |
| Email: |  |
|  |
| **REASON FOR REQUEST (X-check one)** |
|  Pension:  |  |  | Per Capita: |  |  |
| **NOTE: THIS SECTION FOR PENSION ONLY** |  |
| Add Bank- Name of Bank: |  | Address: |  |
|  City: |  | State: |  |  Zip: |  |
| Savings |  | Check: |  | Please provide a voided deposit slip |
| Deleting Banking: | Name of Bank: |  |
| Other: |  |
| **Note: Below this line is for Vital Statistics Staff** |
| Action Code: |  | (A=Add, C=Change) |
| Date Entered in System: |  |
|  Completed By: |  |