



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

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: _____