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

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |