

ALABAMA-COUSHATTA TRIBE OF TEXAS

571 State Park Rd. 56

Livingston, TX 77351

936/563-1180 936/563-4923 (fax)

TRIBAL ENROLLMENT DEPARTMENT

CHANGE OF NAME OR ADDRESS FORM

The purpose of this form is to have the most current information on file for the use of mailing and/or contacting you for tribal documents/information. All information is strictly confidential and used only within this entity.

Name: _____

Address: _____

Please include any contact #'s:

Home: _____

E-mail: _____

Cell: _____

Include the following minor tribal member(s):

I also give permission to release my address to the following departments:

Accounting

Newsletter

X Signature: _____

Date: _____

For Official Use Only:

Date Received: _____ Received By: _____