

## Yavapai-Apache Nation 2400 W. Datsi St. Camp Verde, AZ 86322

P: (928) 567-1029/ (928) 567-1008



## Change of Information Form PLEASE HELP THE ENROLLMENT DEPARTMENT KEEP YOUR FILE ACCURATE AND UP TO DATE

| NAME:  | MAIDEN NAME:  |           |
|--|---|-----------|
| NAME:FULL LEGAL NAME   | NAME BEFORE MARRIAGE II   | F MARRIED |
| DATE OF BIRTH:   | SOCIAL SECURITY NUMBER:   |           |
| TELEPHONE:   | EMAIL:  |           |
| PLEASE CIRCLE TYPE: HOME WORK                                  | ELL MESSAGE   |           |
| ADDRESS: DO YOU LIVE ON THE                                    | YAVAPAI-APACHE NATION RESERVATION? YES NO                                       |           |
|  | PHYSICAL:   |           |
| ARE YOU A VERTERAN?  |   |           |
| BRANCH OF SERVICE: PLEASE                                      | SELECT ALL THAT APPLY.  |           |
| ARMY NAVY AIR FO   | ORCE MARINE CORPS COAST GUARD SPACE FOR   | RCE       |
| DATES OF SEVICE:   |   | -         |
| DO YOU WANT TO RECEIVE T                                       | HE NEWSPAPER- <i>GAH'NAHVA/YA TI'</i> BY MAIL? YES                              | NO        |
| Please list MINORS (must be y updated as well by full legal na | ounger than 18) of your household who need their addr<br>ame and date of birth. | ess       |
| Name:  | DOB:  |           |
| RECEIVED BY:   | DATE:TEAMS ENTRY: Y   | N         |
| MIP# (when applicable):<br>09.30.2024 AS                       |   |           |