THE SAGINAW CHIPPEWA INDIAN TRIBE OF MICHIGAN
TRIBAL CLERKS OFFICE

OFFICIAL NAME CHANGE FORM FOR TRIBAL MEMBERS

*****NOTICE: All name change forms must be accompanied by an updated Social Security Card to be accepted*****

Membership Number: M_____ Date: _____

Name as it currently appears on the Tribal Roll:

_____

Name Change:

_____

Please sign your new name with a felt-tip pen (Sharpie).

Documentation Must Be Provided:

MUST HAVE NEW ❒ Social Security Card with New Name

❒ Marriage License ❒ Divorce Papers ❒ Adoption Record

❒ Legal Name Change ❒ Other: _____

Do you wish to re-register to vote: ❒ Yes ❒ No

FOR OFFICE USE ONLY

Teams Updated: _____ _____ File Updated: ____ _____
Initials Date Initials Date

Copy to: Tribal Clerk, Shawn Sawmick, Enrollment, Per Cap, and Member Services (Lisa Ayling/Denise Pelcher)