Today's Date_____ **Please return/mail to**

Pascua Yaqui Tribe - Enrollment Department
7474 S. Camino De Oeste
Tucson, AZ. 85757
(520) 879-6226 / 1-800-572-7282 ext. 6226

ENROLLMENT UPDATE FORM

Your Name				
Date of Birth			**Social Security #**	
Previous Name on record (only if you are changing your name)				**Date of change**
Current Street Address:				
City/State/Zip:		**County**		

Is this your current mailing address? (If it is not, please write that information below.)

Current Mailing Address:			
City/State/Zip:		**County**	
Current Home Phone #:	**( )**	**Message Phone #: ( )**	
E-Mail Address (if any):			

Please list your children (under 18 years of age) that also live at this address:

Name of child	**Date of Birth**

Office Use Only

File #					
	Date	**Initials**	**Updated file**	**Date**	**Initials**
Updated Aprv. Letter	**/ /**		**Member file**	**/ /**	
CDIB	**/ /**		**Access**	**/ /**	
Over 18 U/D	**/ /**		**Progeny**	**/ /**	
Tribal ID	**/ /**				
Replacement ID ?	**Yes ☐ No ☐**	**Paid: Receipt ☐**	**Money Order ☐**	**Check ☐**	
Update Visit	**/ /**	**Location:**			
Type of Update	**(Check all that apply): Name Change**		**Address change**		**Report of death**