



ENROLLMENT DEPARTMENT

PO BOX 1153
Wagner, SD 57380
(605) 384-3641 ext 1038/1036
(605) 384-5895 fax
ystenrollment@yahoo.com

CHANGE OF NAME and/or ADDRESS FORM

TO: **YANKTON SIOUX TRIBE ENROLLMENT**

FROM:

Name of YST Tribal Member

RE: Change of Name and/or Address update

Please change my Tribal Membership Name and/or Address as follows:

Tribal Membership Name (old): _____

Tribal Membership Name (new): _____

NEW/UPDATED ADDRESS: _____

-Mailing ONLY _____

NEW/UPDATED PHONE #:

Tribal Membership
Enrollment Number: _____

Note:

NAME CHANGES-

Please provide proof of any/all name changes by submitting court order, birth certificate, drivers license, copy of social security card.

MINORS/GUARDIANSHIP(S)/COURT AWARDED-

Please provide proof of any/all name changes/Guardianship(s) by submitting court order(s).

Tribal Member Signature
Date:

Tribal Enrollment Officer Signature
Date: