



TE-MOAK TRIBE OF WESTERN SHOSHONE

525 Sunset Street • Elko, Nevada 89801
775-738-9251 • Fax 775-738-2345

NAME CHANGE REQUEST

I, _____, am requesting my present name be changed to _____ through:

MARRIAGE DIVORCE ANNULMENT OTHER

The following documents are required before the Enrollment Office can issue a new Official Membership Certificate or Photo I. D. Card.

1. If married, copy of the marriage certificate.
2. If divorced or had the marriage annulled, copy of the Court Decree, which dissolved the marriage.
3. If the name was changed, copy of the Name Change decree which legally changed your name.

I will return my Official Membership Certificate and Photo I.D. Card to the Te-Moak Enrollment Office before a new Enrollment Certificate and Photo I.D. Card is issued to me with my name change.

DATE

SIGNATURE

MAILING ADDRESS

CITY STATE ZIP CODE

STATE OF _____)
COUNTY OF _____)

Sworn to and subscribed before me this _____, day of _____, _____, by _____.

SEAL

Signature of Notary Public

FOR OFFICE USE ONLY

Date Stamp: _____

IN PERSON MAIL FAXED

Office Worker's Initials: _____