



Change of Name Notification

Today's Date: _____

Former Name (name appearing on your roll card): _____

New Name: _____

Shawnee Tribe Roll Number: _____

Current Address: _____

Current Phone Number: _____

Signature: _____

Please attach a copy of a marriage license, divorce decree, adoption order, or similar legal document that provides proof of the name change.

Please return this completed form, documentation of the name change, and your old enrollment card to:

Shawnee Tribe
Enrollment Department
29 South Highway 69A
Miami, OK 74354

If you have any questions, please call us at 918-542-2441 and ask for the Enrollment Department.