



Kickapoo Tribe of Oklahoma  
Enrollment Department  
P.O. Box 70  
McCloud, OK 74851  
(405) 964-5418

## Address Change Authorization Form

Please submit completed form to:  
Kickapoo Tribe of Oklahoma  
Attention: Enrollment Office  
P.O. Box 70  
McCloud, OK 74851  
Fax: (405) 964-5417

Name: \_\_\_\_\_  
Last First Middle Maiden

Enrollment ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

New Address: \_\_\_\_\_  
\_\_\_\_\_   
City State Zip Code

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Your signature is required in the box below. Please sign in black ink or Sharpie;  
signature must fit inside the box.