

**HOPI ELECTIONS**  
**P.O. BOX 553**  
**KYKOTSMOVI, AZ 86039**

Phone: 1-928-734-2507/2508 Fax: 1-928-734-1257

Email: [kshupla@hopi.nsn.us](mailto:kshupla@hopi.nsn.us)

**HOPI TRIBAL VOTER INFORMATION FORM**

First Name _____	Middle Name _____		
(print name)			
Last Name _____	Maiden Name _____		
Mailing Address _____			
City _____	State _____	Zip Code _____	Date of Birth ____/____/____
Enrollment Number _____	Village Affiliation _____	Male ____	Female _____
Social Security Number _____	Telephone # _____		
Last Four Digits			
Father's Name: _____	Mother's Maiden Name: _____		

Please check the appropriate response:    \_\_\_\_\_ new voter    \_\_\_\_\_ update voting information.

The above information is correct to the best of my knowledge. I affirm that I am 18 years of age or older and not enrolled with another tribe.

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Signature of Voter

Date

<b>HOPI ENROLLMENT OFFICE USE ONLY</b>	
Voter Eligible _____	Voter Ineligible: _____ Reason: _____
_____ Muriel Scott, Enrollment Director- Hopi Tribe	_____ Date