



Enrollment Office

Change of Name Form

Please provide a copy of one of the following as supporting documentation:

- | | |
|--|--|
| <input type="checkbox"/> State Issued Driver License/Identification Card | <input type="checkbox"/> Court Order Name Change |
| <input type="checkbox"/> Marriage Certificate/License | <input type="checkbox"/> Divorce Decree |

Name: _____
First Middle Last

CHANGE: _____
First Middle Last

Date of Birth: _____ Enrollment No.: _____

Address: _____

Telephone Number: _____ Cell Number: _____

*I authorize the Hopi Enrollment Office to change my name from _____
to _____ on the Hopi Tribal records effective
immediately.

Please issue me a Hopi Certificate of Indian Blood to reflect my name change.

Tribal Member Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:

Verified by:

- | | |
|--|--|
| <input type="checkbox"/> State Issued Driver License/Identification Card | <input type="checkbox"/> Court Order Name Change |
| <input type="checkbox"/> Marriage Certificate/License | <input type="checkbox"/> Divorce Decree |

Received by: _____ Date of change: _____

CIB issue date: _____