



**Mille Lacs Band of Ojibwe  
Enrollment Office  
Official Change of Address Form**

I am an enrolled member of the **Minnesota Chippewa Tribe, Mille Lacs Band of Ojibwe.** Please print, all blanks must be completed.

Print Full Legal Name: \_\_\_\_\_  
(Your full legal name must appear as on the MLB enrollment's list)

My Enrollment number is: \_\_\_\_\_

My Birth-date is: \_\_\_\_\_

My Social Security number is: \_\_\_\_\_

My old address was: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

My new address is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Effective date: \_\_\_\_\_

Signature: \_\_\_\_\_

(Changes valid only if signed by addressee)

Telephone number to confirm change: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**All address changes must be submitted on this form.  
Verbal changes will not be accepted.**