



CHEYENNE AND ARAPAHO TRIBES
DEPARTMENT OF PER CAPITA

P.O. BOX 146
CONCHO, OK 73022
(405) 422-7559
1-800-247-4612 Ext. 27559
Fax: 405-422-8239

CHANGE OF ADDRESS FORM FOR MINOR TRIBAL MEMBERS

I, _____, hereby verify that I am the custodial parent or legal guardian of the minor listed below and is in my custody and care: (Please provide legal documents indicating that you are the legal guardian of said minor)

<u>Child's Name (Last, First, Middle)</u>	<u>DOB</u>	<u>Roll #</u>	<u>Soc Sec #</u>	<u>Relationship to Minor</u>
_____	_____	_____	_____	_____

Male Female

OLD ADDRESS			
Mailing Address:			
City	State	Zip Code:	County:
NEW ADDRESS			
Mailing Address:			
City	State	Zip Code:	County:
Physical Address:			
City	State	Zip Code:	County:

INDIVIDUALS APPLYING FOR MINOR'S FUNDS ARE REQUIRED TO READ AND SIGN THE FOLLOWING STATEMENT:

18 United States Code, Section 1001, Federal Law Governing Fraud:

"Whoever, in any matter within the jurisdiction of any Department or Agency of the United States knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact or makes a false, fictitious, or fraudulent statements or representations or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned no more than five years or both."

I, _____, custodial parent or legal guardian of the above mentioned minor have read and understand the preceding Federal Law:

Signature of person filing affidavit

State of: _____)

County of: _____)

Subscribed and sworn to before me this _____ day of _____, 20_____.

My Commission Number: _____

My Commission Expires: _____

Notary Public

PLEASE RETURN FORM WITH ORIGINAL DOCUMENTS TO THE ABOVE ADDRESS.