



\*\*\*\*\*PLEASE READ CAREFULLY\*\*\*\*\*

The Department of Enrollment is required to keep complete and accurate records for reporting purposes related to individual tribal members and their per capita distributions. The following is required in order to update member information.

- A completed W-9 form must be submitted with this form or your paperwork will not be processed. COA form must be completed in blue or black ink only. Forms with White-Out will not be accepted.
• Legal guardians must submit an original or official copy of any legal documentation verifying their guardian status unless one has already been filed with the Department of Enrollment. Please send by certified mail. Originals will be returned.
• If there is a name change, submit original or official copies of the marriage license, or other legal documentation, verifying the change with the Social Security Card reflecting the name change. Please send by certified mail. Originals will be returned.
• This form must be notarized. Notary fees are the responsibility of the tribal member or legal guardian.
• COA & W-9 must be submitted together – Mailing Address on COA must match the address on the W-9

IF THIS PAGE IS NOT NOTARIZED, YOUR FORMS WILL NOT BE PROCESSED. FAXES OR COPIES ARE NOT ACCEPTABLE.

Roll# 2801A \_\_\_\_\_

Current Full Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you a veteran? Yes \_\_\_ No \_\_\_ Branch of Service \_\_\_\_\_ DD214 on file? Yes \_\_\_ No \_\_\_ If No, please provide within 30 days

Mailing Address (this address must match the address on the W-9) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Primary Phone Number(s) \_\_\_\_\_ Email \_\_\_\_\_

IF NEXT OF KIN IS NOT DESIGNATED ON THIS FORM, IT IS INCOMPLETE AND WILL BE RETURNED TO YOU FOR COMPLETION.

For purposes of the Cheyenne & Arapaho Tribes Burial Program MEAL & TRANSPORTATION ASSISTANCE only, I hereby name the following individual(s) — currently of legal age (18), as my NEXT OF KIN:

- 1. \_\_\_\_\_ Contact Phone Number \_\_\_\_\_
2. \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Notice Regarding False Statements

Whoever, in any matter within the jurisdiction of any Department or Agency of the United States, knowingly and willfully falsifies, or covers up by trick, scheme, or devise a material fact or makes a false, fictitious, or fraudulent statement or representation or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, may be punished by fine, imprisonment, or both. (§ U.S.C., Section 1001). I have read and understand the preceding Federal Law, and I verify that I am the above stated adult and on the W-9 or a legal guardian for the adult listed above and on the W-9.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*FOR NOTARY USE ONLY\*\*

State of \_\_\_\_\_
County of \_\_\_\_\_
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY SEAL

Notary Public \_\_\_\_\_

