



Please return/mail to:

Pascua Yaqui Tribe Enrollment Department

7474 S Camino De Oeste

Tucson, AZ 85757

(520) 879-6242 / 1-888-443-0044 Ext. 6242

ADULT ENROLLMENT UPDATE FORM

Legal Name:				
Date of Birth:		/ /	Social Security #:	
Hair Color:		Eye Color:	Height:	Weight:
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>		U.S. Veteran? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Date of change / /
Previous Name on Record (only if you are changing your name)				
Current Street Address :		County:		
City/State/ Zip:				
Current Home Phone#:	()	Message/Cell Phone	()	
E-Mail Address (if any):				
Is this your current mailing address? (If it is not, please write that information below.)				
Current Mailing Address :		County:		
City/State/ Zip:				
Please list your child(ren) (under 18 years of age) who also reside at this address:				
Name of Minor Child(ren)			Date of Birth	
Office Use Only:				
Received Tucson Office ()			Received Guadalupe Annex ()	
File #:		Updated File	Date	Initials
	Date	Initials	Members File	/ /
CDIB	/ /		Access	/ /
Over 18 U/D	/ /		Progeny	/ /
Tribal ID	/ /	Fee	Amount (\$) money order () receipt ()	
Replacement ID?	Yes () No () Expired ()	Number # () ID Card Issued		
Existing ID card surrendered was destroyed: Yes () No () Staff Initials ()				
Update Visit	/ /	Location		
Type of Update	(Check all that apply) Name Change () Address Change () Report of Death ()			
Notes:				