



*Red Cliff Band of Lake Superior Chippewa Indians*

88455 Pike Road

Bayfield, WI 54814

Phone: 715-779-3700 Fax: 715-779-3704

Email: rcenrollment@redcliff-nsn.gov

*Red Cliff Tribal Enrollment Department*

**ENROLLMENT UPDATE FORM**

Name: \_\_\_\_\_  
First Middle Last Maiden (if applicable)

D.O.B. \_\_\_\_\_ Social Security No. (Optional) 

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Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
(If different than mailing)

Is physical address on the Red Cliff Reservation? Yes \_\_\_\_\_ No \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

**List ALL persons below who currently reside in your household.**

Name	DOB	Relationship to Head of Household	Tribe or Band Enrolled in

**BY SIGNING THIS FORM I CERTIFY THAT THIS IS MY LEGAL RESIDENCE AND THE INFORMATION GIVEN IS TRUE AND ACCURATE. FURTHERMORE, THE RED CLIFF ENROLLMENT DEPARTMENT HAS THE RIGHT TO MAKE ANY CHANGES TO UPDATE MY ENROLLMENT RECORD WITH THE INFORMATION LISTED ABOVE.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

*"The Hub of the Chippewa Nation"*