

QUAPAW TRIBE OF OKLAHOMA

PO Box 765 Quapaw, OK 74363 P: (918) 542-1853 F: (918) 542-4694

Change of Name Form

Please Print ALL Information Except Signature at the Bottom
** Must Have

First Name Middle Name Maiden Last Name

I am requesting that the Quapaw Tribe recognize my name change from
_____ to _____ on the Tribal Roll.

Address: _____
Street or PO Box City State/ZIP

Phone Number: _____

Roll # (if known): _____

**Last 4 of Social Security #: _____

**Birth Date: _____

Please issue me a new tribal enrollment card reflecting my name change

Signature of Applicant Date

You Must Provide a copy of the Marriage License, Divorce Decree, or Adoption Order to reflect the name change, as requested.