Trust Enrollment Department
PO Box 365, Oneida WI 54155
(920) 869-6200 * 1-800-571-9902
Fax: (920) 869-2995
TrustEnrollments@oneidanation.org
https://oneida-nsn.gov/resources/enrollments/



Name Change Application

REQUIREMENTS:				
Name Change AppleComplete SectionSign and date Section		e of a Notary Public.		
 Picture I.D. Photocopy Submit a photocopy of the front and back of a government issued photo identification document reflecting your full new name. 				
•	copy of your Social Sec	curity Card containing the EXACT same oto identification document.	e name that	
Enrollment Departr		orting documents must be submitted to nail delivery. This form and/or any sup email.		
You will be mailed a le processed.	tter with <i>notice</i> that y	our name change request was approv	ed and	
SECTION 1: CHANGE OF N	AME INFORMATION			
Roll #:	Birth Date:	Phone #:		
New Name				
First:	Middle:	Last:		
Previous Name				
First:	Middle:	Last:		
Address:	APT	CITY STATE	ZIP	
	AFI	OILI SIAIL	40°	

SECTION 2: AFFIDAVIT IN SUPPORT OF A NAME CHANGE

Ur	der oath, I state the following:		
1.	Since on or about	,I have consistently and continuously used the name of	
	NEW NA	AME	
2.	I further state that I am not changing	my name as indicated above to effectuate a fraudulent purpose.	
3.	In support of this affidavit, I am submitting reliable documentation which evidences the fact that my name has changed.		
Sig	gnature:	_Date:	
		CERTIFICATE OF NOTARY PUBLIC	
		Subscribed and sworn to before me this day	
	(SEAL)	of,	
		Notary Signature:	
		My Commission Expires:	
		OFFICE USE ONLY	
Co	mpleted on:		
Re	viewed on:	by:	

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