Lac Courte Oreilles
Enrollment Department
Official Name Change Form

I am an enrolled member of the Lac Courte Oreilles Band of Lake Superior Chippewa Indians

Please Print and all areas must be filled

Full Legal Name:_____

Previous Name:_____

Enrollment Number:_____ Date of Birth:_____

Signature:_____

Date:_____

Date Received by Enrollment

ALL NAME CHANGES MUST BE SUBMITTED WITH THIS FORM. VERBAL CHANGES WILL NOT BE ACCCEPTED.

PLEASE RETURN THIS FORM WITH A **CERTIFIED** COPY OF YOUR MARRIAGE CERTIFICATE/LICENSE, DIVORCE DECREE, OR OTHER COURT ORDER DOCUMENTING YOUR NAME CHANGE, ALONG WITH A COPY OF YOUR STATE-ISSUED ID OR SOCIAL SECURITY CARD SHOWING YOUR UPDATED NAME.

LCO Enrollment Department
13394 W Trepania Rd
Hayward, WI 54843
Phone (715) 634-8934
Fax (715) 634-0138