

Pyramid Lake Paiute Tribe of Nevada **Pyramid Lake Tribal Enrollment Office**

PO Box 256, Nixon, NV 89424 Phone: (775) 574-1000 ext. 115 | Fax: (775) 574-1008 | Email: plenrollment@plpt.nsn.us

NAME CHANGE REQUEST FORM

OPTION 1	Complete S	Complete Section 1 Submit any one of the following ORIGINAL STATE CERTIFIED DOCUMENTS				
	🔿 Submit any					
	Marria	je License		Divorce Decree (entire document)		
	C Amend	ed Birth Certificate		Court Document to Reflect Name Change		
	NOTE: Pho	otocopies of the above docur	nents or testamen	nts of marriage will not be accepted.		
OPTION 2	C Complete S	Complete Section 1 and Section 2				
	🔿 Submit a p	 Submit a photocopy of a state-issued Picture ID with the new name shown on the ID. 				
	 Submit a photocopy of a Social Security Card containing the EXACT name as the Picture ID. NOTE: Failure to provide the required documents on this form will result in denial of the request. 					
RC	DLL #:	BIRTHDATE:		TELEPHONE:		
NEW N						
(Please Print) LAST			FIRST	MIDDLE	_	
PREVIOUS N	AME:					
LAST			FIRST	MIDDLE/MAIDEN (if any)	—	

SIGNATURE:

SECTION 2: AFFIDAVIT IN SUPPORT OF REQUEST FOR NAME CHANGE-This Section Must Be NOTORIZED

DATE:

Under oath, I state the following:		
1. I wish to have my name listed as	, since on or about	
I have consistently and continuously used the name of	(Date)	
2. I further state that I am not changing my name as indicated above t	o effectuate a fraudulent purpose.	
3. In support of this affidavit I am submitting reliable documentation v continuous use of my new name.	vhich evidences my intent as to the consistent and	
SIGNATURE:	DATE:	
CERTIFICATION OF NOTARY PUBLIC		
State of: } } (Seal)		
County of: }		
Subscribed and sworn to before me this day of	/	
NOTARY SIGNATURE:	My Commission Expires:	

This form can be completed on-line. Once completed, you must PRINT, SIGN, and DATE and MAIL to the Enrollment Office.