



Change of Address Notice for Minor

Enrolment, Department of Client Services

PO Box 412, Behchokq, NT X0E 0Y0

Tel: 867.392.1700 ext. 1703/1706 • Fax: 867.392.6884

Email: enrolment@tlicho.ca • Website: www.tlicho.ca

This notice form will change your address and contact information on your Tłıchq Citizen file.

1. Provide full, legal name:

Name:

2. Provide the following info:

Date of Birth:

(day /month/ year/)

Health Care #:

Treaty Number:

SIN:

3. Provide your new address below:

PO Box:

Street Address:

City/Town:

Territory/Province:

Postal Code:

Home Phone No.:

Cell No.:

Work No. :

Email:

4. Signature of Tłıchq Citizen:

We or I certify that the information provided is, to the best of my knowledge, true, correct and complete. We or I am submitting this information voluntarily to update my address and my child(ren)'s or legally incompetent person(s) listed below on the Tłıchq Citizens Register.

Print Name for Parent or Legal Guardian

Signature

Date

Print Name for Parent of Legal Guardian

Signature

Date

Return this form Enrolment Coordinator by email, fax or mailing address listed above.

Complete all information requested on this form. Request must be completed in full to avoid any delays in processing. Enrolment Coordinator may request additional information to process request.