

Stockbridge-Munsee Community

Enrollment Application Instructions

ELIGIBILITY:

- Must possess at least one-fourth (¼) degree Stockbridge-Munsee Indian blood, to be enrolled with the Stockbridge-Munsee Community "Tribe".
- "Burden of Proof" lies on the applicant, parent, sponsor or legal guardian of the applicant.
- Dual Enrollment is not allowed.

GENERAL INFORMATION:

- Applications for enrollment with the Stockbridge-Munsee Community shall be filed with the Land & Enrollment Department.
- The Enrollment Committee will review applications on the 4th Thursday of each month and make their recommendation to Tribal Council for final action.

REQUIREMENTS:

- Enrollment Application
 - a. Complete ALL information, sign & date.
 - b. Incomplete applications will not be processed.
- State Certified Birth Certificate
 - a. Submit an original, State Certified Birth Certificate.
 - Birth certificates shall remain on file, if enrollment is approved.
 - b. Birth certificates must identify parent(s) from which you are claiming your Indian blood.
 - To obtain Vital Records information online visit: <http://www.cdc.gov/nchs/w2w.htm>
 - If father is not on the birth certificate, submit: court order of paternity or DNA results.
 - Adoptees, must submit birth certificates of biological & adoptive parents.
 - Adoption Information may affect eligibility for enrollment.
 - Wisconsin Adoptions contact: Wisconsin Adoption Search Program at (608) 266-7163.
 - Other State Adoptions contact the State Vital Records Office in the state where the adoption took place.
- Social Security Card
 - a. Submit copy.
- Proof of Relinquishment (if applicable)
 - a. Submit documentation from current tribe of relinquishment status.
- Proof of Name Change (if applicable)
 - a. Submit a copy of Driver's License or other picture ID.
 - b. Submit a copy of Social Security Card with name matching picture ID.
- Family Tree Chart
 - a. Provide as much information as you can.

CONTACT INFORMATION

Address: Stockbridge-Munsee Community
Land & Enrollment Department
P. O. Box 70
N8502 Moh He Con Nuck Road
Bowler, WI 54416

Phone: (715) 793-4677 / (715) 793-4671 / (715) 793-3049

Fax: (715) 793-1307

Application for Enrollment in Stockbridge – Munsee Band of Mohican Indians

Date received by Tribe _____

PART I – About your tribe. Check one of the following tribes, I am applying for enrollment

_____ Stockbridge – Munsee _____

Part II – About you, the applicant.

LAST NAME	FIRST NAME	JR., SR., ETC.	SEX
INDIAN, MAIDEN OR OTHER NAME BY WHICH KNOWN		SOCIAL SECURITY NUMBER	

G/O _____

STREET & NO., OR RTE. & BOX NO.	CITY	STATE	ZIP CODE
DATE OF BIRTH	PLACE OF BIRTH		

*Birth Certificate or baptismal certificate or other evidence of date of birth & parentage must be attached.

Are you a U.S. Citizen? _____ What is your Degree of Indian Blood? _____ Are you enrolled with another tribe? _____

If so, name the tribe _____

PART III – About the applicant's (your) family.

FATHER'S NAME _____ Degree of Indian Blood _____

Enrolled with another tribe? Yes No If yes, name tribe _____

Father's Father _____

Father's Mother (Maiden Name) _____

MOTHER'S MAIDEN NAME _____ Degree of Indian Blood _____

Enrolled with another tribe? Yes No If yes, name tribe _____

Mother's Father _____

Mother's Mother (Maiden Name) _____

PART IV – Certification.

I certify that _____ for whom this application is made is the person or is a DESCENDANT BY BLOOD of the Stockbridge – Munsee Tribe. I am aware that criminal penalties are provided by statute for knowingly making false statements. (18 U.S.C. 1001).

Date _____ Signature _____

If application is filed on behalf of another person as specified in 41.5 of the regulations, fill out below:

Name of person filing application _____

Address _____

Relationship to applicant _____

If applicant is deceased, show date of death and attach a copy of death certificate or other evidence.

Date of death _____

Application Number _____ Control Number _____

