

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



Stockbridge-Munsee Community

ENROLLMENT DEPARTMENT
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ENROLLMENT APPLICATION

\$25 APPLICATION FEE (NON-REFUNDABLE)

APPLICANT INFORMATION

PRINT OR TYPE CLEARLY

FULL Legal Name:

First Middle Last *Suffix/Maiden (if any)*

GENDER

DATE OF BIRTH:

- MALE
 FEMALE

____/____/____
MO. DAY YEAR

____ SOCIAL SECURITY NUMBER

Address (MAILING):

P.O. Box or Street Apt.

City State Zip

Address (STREET):

SAME AS ABOVE

IF DIFFERENT
FROM ABOVE

P.O. Box or Street Apt.

City State Zip

Contact Information:

(____) _____
PRIMARY PHONE NUMBER EMAIL ADDRESS

MARITAL STATUS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> TRIBAL CUSTOM <input type="checkbox"/> COMMON-LAW <input type="checkbox"/> DOMESTIC PARTNER	SPOUSE'S FULL NAME:			
	First SPOUSE'S STATUS <input type="checkbox"/> NON-NATIVE Stockbridge-Munsee BQ: _____ <input type="checkbox"/> ENROLLED Stockbridge-Munsee BQ: _____ <input type="checkbox"/> OTHER Indian BQ: _____	Middle SPOUSE'S GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE MARRIAGE CERTIFICATE INCLUDED? <input type="checkbox"/> YES <input type="checkbox"/> NO DIVORCE CERTIFICATE INCLUDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	Last MARRIAGE DATE: ____/____/____ MO. DAY YEAR DIVORCE DATE: ____/____/____ MO. DAY YEAR	<i>Suffix/Maiden (if any)</i> VITAL INFORMATION DATE OF BIRTH: ____/____/____ MO. DAY YEAR <input type="checkbox"/> DECEASED DATE OF DEATH: ____/____/____ MO. DAY YEAR

ELIGIBILITY INFORMATION

IS APPLICANT ENROLLED WITH ANOTHER TRIBE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST NAME OF TRIBE OR BAND: _____		BLOOD QUANTUM: _____	ENROLLMENT NUMBER: _____
	IS THIS TRIBE FEDERALLY RECOGNIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO	PROOF OF RELINQUISHMENT ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IS APPLICANT ADOPTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST ADOPTIVE PARENTS BELOW:			
	Adoptive FATHER'S Name: _____ First Middle Last <i>Suffix (if any)</i> Adoptive MOTHER'S Name: _____ First Middle Last <i>Maiden Name</i>			

BIOLOGICAL PATERNAL LINEAGE

FATHER'S
INFORMATION

Full Name:

	First	Middle	Last	<i>Suffix (if any)</i>
<p>VITAL INFORMATION DATE OF BIRTH:</p> <p style="text-align: center;">____/____/____ MO. DAY YEAR</p> <p><input type="checkbox"/> DECEASED DATE OF DEATH:</p> <p style="text-align: center;">____/____/____ MO. DAY YEAR</p>	<p>ENROLLMENT STATUS</p> <p><input type="checkbox"/> NON-NATIVE</p> <p><input type="checkbox"/> ENROLLED Stockbridge-Munsee BQ: _____</p> <p><input type="checkbox"/> DESCENDANT of Stockbridge-Munsee BQ: _____</p> <p><input type="checkbox"/> OTHER Indian BQ: _____</p> <p>Name of OTHER Tribe/Band: _____</p>			

List Names of FATHER'S full biological siblings (if known):

PATERNAL Grandfather's
Full Name:

PATERNAL Grandmother's
Full Name:

	First	Middle	Last	<i>Suffix (if any)</i>
<p>VITAL INFORMATION DATE OF BIRTH:</p> <p style="text-align: center;">____/____/____ MO. DAY YEAR</p> <p><input type="checkbox"/> DECEASED DATE OF DEATH:</p> <p style="text-align: center;">____/____/____ MO. DAY YEAR</p>	<p>ENROLLMENT STATUS</p> <p><input type="checkbox"/> NON-NATIVE</p> <p><input type="checkbox"/> ENROLLED BQ: _____</p> <p><input type="checkbox"/> DESCENDANT BQ: _____</p> <p><input type="checkbox"/> OTHER Indian BQ: _____</p> <p>Name of Other Tribe/Band: _____</p>			

	First	Middle	Last	<i>Maiden Name</i>
<p>VITAL INFORMATION DATE OF BIRTH:</p> <p style="text-align: center;">____/____/____ MO. DAY YEAR</p> <p><input type="checkbox"/> DECEASED DATE OF DEATH:</p> <p style="text-align: center;">____/____/____ MO. DAY YEAR</p>	<p>ENROLLMENT STATUS</p> <p><input type="checkbox"/> NON-NATIVE</p> <p><input type="checkbox"/> ENROLLED BQ: _____</p> <p><input type="checkbox"/> DESCENDANT BQ: _____</p> <p><input type="checkbox"/> OTHER Indian BQ: _____</p> <p>Name of Other Tribe/Band: _____</p>			

GRANDFATHER'S full biological siblings (if known):

GRANDMOTHER'S full biological siblings (if known):

BIOLOGICAL MATERNAL LINEAGE

MOTHER'S
INFORMATION

Full Name:

	First	Middle	Last	<i>Maiden Name</i>
<p>VITAL INFORMATION DATE OF BIRTH:</p> <p style="text-align: center;">____/____/____ MO. DAY YEAR</p> <p><input type="checkbox"/> DECEASED DATE OF DEATH:</p> <p style="text-align: center;">____/____/____ MO. DAY YEAR</p>	<p>ENROLLMENT STATUS</p> <p><input type="checkbox"/> NON-NATIVE</p> <p><input type="checkbox"/> ENROLLED Stockbridge-Munsee BQ: _____</p> <p><input type="checkbox"/> DESCENDANT of Stockbridge-Munsee BQ: _____</p> <p><input type="checkbox"/> OTHER Indian BQ: _____</p> <p>Name of OTHER Tribe/Band: _____</p>			

List Names of MOTHER'S full biological siblings (if known):

MATERNAL Grandfather's
Full Name:

First Middle Last Suffix (if any)

<p>VITAL INFORMATION DATE OF BIRTH: ____/____/____ MO. DAY YEAR</p> <p><input type="checkbox"/> DECEASED DATE OF DEATH: ____/____/____ MO. DAY YEAR</p>	<p>ENROLLMENT STATUS</p> <p><input type="checkbox"/> NON-NATIVE</p> <p><input type="checkbox"/> ENROLLED BQ: _____</p> <p><input type="checkbox"/> DESCENDANT BQ: _____</p> <p><input type="checkbox"/> Other Indian BQ: _____</p> <p>Name of Other Tribe/Band: _____</p>
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MATERNAL Grandmother's
Full Name:

First Middle Last Maiden Name

<p>VITAL INFORMATION DATE OF BIRTH: ____/____/____ MO. DAY YEAR</p> <p><input type="checkbox"/> DECEASED DATE OF DEATH: ____/____/____ MO. DAY YEAR</p>	<p>ENROLLMENT STATUS</p> <p><input type="checkbox"/> NON-NATIVE</p> <p><input type="checkbox"/> ENROLLED BQ: _____</p> <p><input type="checkbox"/> DESCENDANT BQ: _____</p> <p><input type="checkbox"/> Other Indian BQ: _____</p> <p>Name of Other Tribe/Band: _____</p>
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GRANDFATHER'S full biological siblings (if known):

GRANDMOTHER'S full biological siblings (if known):

Name Applicant's FULL BIOLOGICAL CHILDREN (if any)

First Name	Middle Name	Last Name	Date of Birth	Relationship

APPLICANT SIGNATURE

- I HEREBY GIVE PERMISSION FOR THE STOCKBRIDGE-MUNSEE COMMUNITY TO VERIFY TRIBAL ENROLLMENT.
 - Individuals over the age of eighteen (18) wishing to apply for enrollment must have their enrollment form notarized or bring their application to the Enrollment Dept., in-person, for staff to witness. If the individual has a power of attorney, or guardian the POA or guardian may apply on the persons behalf. Parents or legal guardians of minor children under the age of eighteen (18) may apply for their minor children following the same guidelines for notary or staff drop-off.
- BY SIGNING THIS APPLICATION FOR ENROLLMENT, I VERIFY ALL INFORMATION PROVIDED IS TRUE AND CORRECT. An applicant who knowingly submits false or fraudulent information will be rejected for enrollment and may be subject to penalties.

SIGNATURE OF APPLICANT

DATE OF SIGNATURE

Signature by Power of Attorney (POA) or Guardian (documentation included)

IF SIGNATURE IS NOT THE APPLICANT'S, STATE RELATIONSHIP TO APPLICANT: _____

**CERTIFICATE OF NOTARY PUBLIC OR
Stockbridge-Munsee Enrollment Official**

The above-named person came before me
This ____ day of _____, 20____

NOTARY PUBLIC OR Enrollment Signature

My commission expires: _____

(SEAL/STAMP)