

# *Stockbridge-Munsee Community Enrollment Application Instructions*

## ELIGIBILITY:

- Must possess at least one-fourth (1/4) 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 filled with the Enrollment Department.
- The Enrollment Committee will review applications on the 1<sup>st</sup> Thursday of each month and make their recommendations to Tribal Council for final action.

## REQUIREMENTS:

### \_\_\_\_\_ Enrollment Application

- a. Complete ALL information, sign and date.
- b. Incomplete applications will not be processed.

### \_\_\_\_\_ State Certified Birth Certificate

- a. Submit an original state certified birth certificate.
- 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 birth certificate, submit court order of paternity or DNA results.
  - Adoptees must submit birth certificates of biological and 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 Offices in the state where the adoption took place.

### \_\_\_\_\_ Social Security Card

- a. Submit copy.

### \_\_\_\_\_ Relinquishment Status (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 another 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.

### \_\_\_\_\_ Fee

- a. \$25.00 Application fee to be paid to finance department and receipt submitted with application.



# Stockbridge-Munsee Community

ENROLLMENT DEPARTMENT  
P.O. Box 70 • N8476 MohHeConNuck Road • Bowler, WI 54416  
Phone: (715) 793-4677 • (715) 793-4671 • (715) 793-3049  
Fax: (715) 793-1307



## 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

Primary Phone: \_\_\_\_\_

Contact number

\_\_\_\_\_  
Email Address

Physical Address (if different from above)

\_\_\_\_\_  
Street or PO Box

### ELIGIBILITY INFORMATION

Are you enrolled in another tribe? Yes No

If yes, list the name of the tribe: \_\_\_\_\_

If a descendant of Stockbridge-Munsee Tribe, list your ancestor. Yes No

If you are adopted, have you included the necessary documents? Yes No

**List of Ancestors**

Please list your lineal ancestor(s) whom you descend from with Stockbridge-Munsee blood who is/are name on the roll of 1871 or any subsequent roll up to and including the roll of 1910. Identify and name the roll.

Ancestor's name with Stockbridge-Munsee blood _____ _____	Ancestor's name with Stockbridge-Munsee blood _____ _____
Ancestor's name with Stockbridge-Munsee blood _____ _____	Ancestor's name with Stockbridge-Munsee blood _____ _____
Ancestor's name with Stockbridge-Munsee blood _____ _____	Ancestor's name with Stockbridge-Munsee blood _____ _____
Ancestor's name with Stockbridge-Munsee blood _____ _____	Ancestor's name with Stockbridge-Munsee blood _____ _____

**List Applicant's Biological Siblings**


## MATERNAL BIOLOGICAL LINEAGE

### MOTHER'S INFORMATION

Full Name: \_\_\_\_\_  
First Middle Last maiden

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Enrolled: Yes No

List Names of Mother's full BIOLOGICAL siblings (if known)


MATERNAL Grandfather's Full name: \_\_\_\_\_  
First Middle Last suffix

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Enrolled: Yes No

List Names of Grandfather's full BIOLOGICAL siblings (if known)


MATERNAL Grandmother's Full name: \_\_\_\_\_  
First Middle Last maiden

name  
Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Enrolled: Yes No

List Names of Grandmother's full BIOLOGICAL siblings (if known)


PATERNAL BIOLOGICAL LINEAGE

FATHER'S INFORMATION

Full Name: \_\_\_\_\_  
                    First                                    Middle                                    Last                                    *suffix*  
Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Enrolled: Yes No

List Names of Father's full BIOLOGICAL siblings (if known)


PATERNAL Grandfather's Full name: \_\_\_\_\_  
  First                                    Middle                                    Last                                    *suffix*  
Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Enrolled: Yes No

List Names of Grandfather's full BIOLOGICAL siblings (if known)


PATERNAL Grandmother's Full name: \_\_\_\_\_  
  First                                    Middle                                    Last                                    *maiden*  
*name*  
Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Enrolled: Yes No

List Names of Grandmother's full BIOLOGICAL siblings (if known)


**SPOUSES INFORMATION**

Full Name: \_\_\_\_\_

First Middle Last

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Enrolled: Yes No

Name of Tribe: \_\_\_\_\_

- \_\_\_ MARRIED
- \_\_\_ DIVORCED
- \_\_\_ WIDOWED
- \_\_\_ SEPARATED
- \_\_\_ TRIBAL CUSTOM
- \_\_\_ COMMON-LAW
- \_\_\_ DOMESTIC PARTNER

**List of APPLICANT'S FULL BIOLOGICAL CHILDREN:**

First Name	Middle Name	Last Name	Date of Birth	Relationship

**APPLICANT SIGNATURE**

\_\_\_\_\_ 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)