

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 1st 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

Are you adopted? Yes No

If yes, 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 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:

(SEAL/STAMP)

**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: _____

