



Oneida Tribe of Indians of Wisconsin

**ENROLLMENT DEPARTMENT**

P.O. BOX 365, ONEIDA, WI 54155-0365

PHONE: (920) 869-6200 \* 1-800-571-9902 FAX: (920) 869-2995

[www.oneidationation.org/enrollment](http://www.oneidationation.org/enrollment)



***Name Change Request***

**REQUEST REQUIREMENTS:**

*Name Change Request Form*

- Complete Section 1 and Section 2.
- Sign & Date Section 2 in the presence of a Notary Public.

*Picture I.D. Photocopy*

- Submit a photocopy of an ID with the new name such as a State ID or School ID

*Social Security Card Photocopy*

- Submit a photocopy of a Social Security Card containing the **EXACT** name as the Picture ID.

When your name change request is approved, a certification letter reflecting the change will be mailed.

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**SECTION 1: NAME CHANGE INFORMATION**

Roll #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(if applicable)

New Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Previous Name: \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN (IF ANY)

Address: \_\_\_\_\_  
STREET OR PO BOX APT CITY STATE ZIP

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 2: AFFIDAVIT IN SUPPORT OF REQUEST FOR NAME CHANGE**

Under oath, I state the following:

1. I wish to have my name listed as \_\_\_\_\_  
NEW NAME
2. Since on or about \_\_\_\_\_, I have consistently and continuously used the name of  
DATE  
\_\_\_\_\_  
NEW NAME
3. I further state that I am not changing my name as indicated above to effectuate a fraudulent purpose.
4. In support of this affidavit I am submitting reliable documentation which evidences my intent as to the consistent and continuous use of my new name.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CERTIFICATE OF NOTARY PUBLIC or ENROLLMENT OFFICIAL

(SEAL)

Subscribed and sworn to before me this \_\_\_\_\_  
 day of \_\_\_\_\_, \_\_\_\_\_.  
 Notary Signature \_\_\_\_\_  
 My commission expires \_\_\_\_\_.

**OFFICE USE ONLY**

Completed on: \_\_\_\_\_ by: \_\_\_\_\_

Reviewed on: \_\_\_\_\_ by: \_\_\_\_\_