



Oneida Tribe of Indians of Wisconsin  
Enrollment Department  
**Latshanalok**  
(They Gather the Names)



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)

## Quartered Cemetery Plot Form

### INSTRUCTIONS:

- Review Placement for Plot Assignees Chart located on the back of this form
- Complete Section 1 accordingly.
- Have Section 2 notarized.

### SECTION 1: PLOT ASSIGNEES

#### PLOT ASSIGNEE A

Roll #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
(if applicable) (if applicable)

Name: \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

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

#### PLOT ASSIGNEE B

Roll #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
(if applicable) (if applicable)

Name: \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

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

#### PLOT ASSIGNEE C

Roll #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
(if applicable) (if applicable)

Name: \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

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

#### PLOT ASSIGNEE D

Roll #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
(if applicable) (if applicable)

Name: \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

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

**SECTION 2: PURCHASER SIGNATURE & NOTARIZATION**

I have received a copy of the Oneida Nation Cemetery Rules and Regulations and attest to the accuracy of the information provided within this document to be true to the best of my knowledge. I also understand that necessary fees must be paid prior to the commencement of a burial in the Oneida Tribal Cemetery.

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

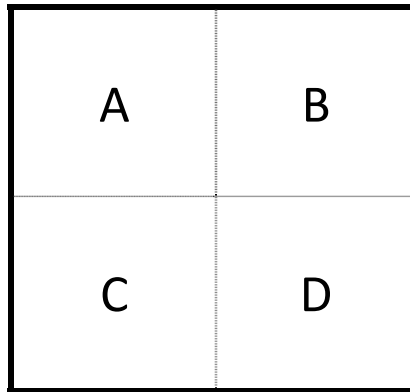
**CERTIFICATE OF NOTARY PUBLIC OR ONEIDA ENROLLMENT OFFICIAL**

(SEAL)

Subscribed and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_,  
Notary Signature: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**PLACEMENT OF PLOT ASSIGNEES CHART**

**HEADSTONE/MONUMENT**



**OFFICE USE ONLY**

**PLOT INFORMATION**

Assigned Plot #: \_\_\_\_\_ for \_\_\_\_\_

A: Roll #/S# \_\_\_\_\_ B: Roll #/S# \_\_\_\_\_

C: Roll #/S# \_\_\_\_\_ D: Roll #/S# \_\_\_\_\_

Assignee A eligibility:  Enrolled  Child  Spouse  Parent Tribal Member's Roll #: \_\_\_\_\_

Assignee B eligibility:  Enrolled  Child  Spouse  Parent Tribal Member's Roll #: \_\_\_\_\_

Assignee C eligibility:  Enrolled  Child  Spouse  Parent Tribal Member's Roll #: \_\_\_\_\_

Assignee D eligibility:  Enrolled  Child  Spouse  Parent Tribal Member's Roll #: \_\_\_\_\_