

**Trust Enrollment Department**

PO Box 365, Oneida WI 54155  
(920) 869-6200 \* 1-800-571-9902  
Fax: (920) 869-2995

[Enrollments@oneidanation.org](mailto:Enrollments@oneidanation.org)  
<https://oneida-nsn.gov/resources/enrollments/>



## ***Descendant Reissue Instructions***

### **APPLICATION REQUIREMENTS:**

- The form should only be completed by individuals that are currently recognized as descendants of the Oneida Tribe of Indians of Wisconsin. If you are unsure of your status, please contact our office.*
- Descendant Reissue Application*
  - Complete, sign and date.
- Descendant Reissue Fee*
  - Submit payment of \$5.00.
  - Please do not mail cash.
  - Make check or money order payable to Oneida Enrollment Department.
  - Fee is non-refundable.
- Name Change Request, if applicable*
  - If the descendant's name has changed, a Name Change Request must be completed.
- Submit all above items to the Oneida Enrollment Department*

## ***Descendant Reissue Request***

### **SECTION 1: APPLICANT INFORMATION**

Birth Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

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

If signature is not the applicant's, please state relationship to applicant: \_\_\_\_\_

**OFFICE USE ONLY**

File #: S \_\_\_\_\_