

ENROLLMENT APPLICATION INFORMATION AND INSTRUCTIONS

ELIGIBILITY REQUIREMENTS:

- 1) Possess at least ¼ degree Oneida Nation blood from Wisconsin by proving ancestry to a member listed on the 1935 Base Roll.
- 2) Dual enrollment is prohibited. If you are currently enrolled with another tribe, the process to relinquish the enrollment with that tribe must be initiated prior to applying for enrollment with the Oneida Nation.
- 3) If you are a descendant of another tribe, we are required to verify that you are not enrolled with another Tribe, which may delay the processing of your application.

APPLICATION REQUIREMENTS:

- Enrollment Application*
 - Complete, sign and date.
- Family Tree Form*
 - Complete as much information as you can.
- State Certified Birth Certificate*
 - Submit an original, state certified birth certificate.
 - Birth certificate must fully identify birth parents (initials not acceptable).
 - If adopted, please see **ADOPTION INFORMATION** on PAGE 2 →
 - If you have internet access, Vital Records Office information is listed by state at:
<http://www.cdc.gov/nchs/w2w.htm>
 - If your application is approved, the birth certificate becomes the property of the Trust Enrollment Department and will be retained in the member file as a legal document.
- Enrollment Fee*
 - Submit payment of \$15.00.
 - Please do not mail cash.
 - Make check or money order payable to Oneida Trust Enrollment Department.
 - Fee is non-refundable.
- Proof of Relinquishment (if applicable)*
 - Submit written verification from the applicant's current tribe that relinquishment process has been started.
- Name Change Request, if applicable*
 - If the applicant's name differs from that on the birth certificate, a Name Change Request must be completed.
- Submit all above items to the Oneida Trust Enrollment Department*
 - Contact information is on PAGE 2 →

APPLICATION DEADLINES:

Complete applications are reviewed by the Trust Enrollment Committee two (2) times each year.

APPLICATIONS RECEIVED	REVIEWED IN:
August 1 – January 31	February
February 1 – July 31	August

APPLICATIONS RECEIVED ARE PROCESSED AND MAY BE DELAYED DUE TO INFORMATION NEEDED TO COMPLETE OR VERIFY DATA

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

- 1) A notice will be mailed; it will state the items needed to complete the application.
- 2) The deadline to respond to the notice is 365-days from the date the application was received.
- 3) Responses received after 365-days will be automatically disposed of without notice to the applicant.
- 4) If no response is received after 365-days, any forms and/or photocopied information will be shredded. Any original documents will be returned.
- 5) A new application, with appropriate documentation and fee, can be resubmitted.

ADOPTION INFORMATION:

Enrollment eligibility is determined through your birth parent(s), NOT your adoptive parent(s). Adoption information on file is NOT accessible to anyone, for any reason.

Wisconsin Adoptions: ADOPTees MUST contact the Wisconsin Adoption Search Program at (608) 266-7163.

Other State Adoptions: To obtain the appropriate legal documents to complete your Enrollment Application, ADOPTees MUST contact the State Vital Records Office in the state in which the adoption took place.

If you are unable to provide the birth certificate listing your birth parent(s), Court documentation of your adoption may be acceptable.

HOW TO CONTACT OUR OFFICE:

Phone: (920) 869-6200 (800) 571-9902

Mail: ONEIDA TRUST ENROLLMENT DEPARTMENT
PO BOX 365
ONEIDA WI 54155-0365

Web: <https://oneida-nsn.gov/resources/enrollments/>

Trust Enrollment Department

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

TrustEnrollments@oneidanation.org
<https://oneida-nsn.gov/resources/enrollments/>



Oneida Nation Enrollment Application

SECTION 1: APPLICANT INFORMATION

Social Security Number: _____ / _____ / _____ Birth Date: _____

Applicant Name: _____
LAST FIRST MIDDLE MAIDEN

Street Address: _____
REQUIRED STREET APT CITY STATE ZIP

Mailing Address: _____
COMPLETE IF DIFFERENT FROM ABOVE STREET OR PO BOX APT CITY STATE ZIP

Phone Number: _____ Email: _____

SECTION 2: ELIGIBILITY INFORMATION

County of Birth: _____ City of Birth: _____

Enrollment eligibility is based on: Father Mother Grandparent

Is applicant enrolled with any other tribe? YES NO

If yes, Name and Address of Tribe: _____

Is either parent enrolled with any other tribe? YES NO

If yes, Name and Address of Tribe: _____

Is applicant adopted? YES NO

If yes, please read ADOPTION INFORMATION on PAGE 2 of the Instructions.

SECTION 3: APPLICANT SIGNATURE

- I hereby give permission for the Oneida Trust Enrollment Department to verify Tribal Enrollment of Applicant. Any other information requires written authorization by applicant or legal guardian.
- I, the undersigned, under penalty of perjury, depose and say that all information and documentation included with this application is true and correct.

Signature: _____ Date: _____

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

Family Tree Form

Applicant's Full Name

Maiden Name

Birth Date

Great Grandfather's Full Name:
Birth Date:

Grandfather's Full Name:
Birth Date:

Great Grandmother's Full Name:
Birth Date:
Maiden:

Father's Full Name:
Birth Date:

Great Grandfather's Full Name:
Birth Date:

Grandmother's Full Name:
Birth Date:
Maiden:

Great Grandmother's Full Name:
Birth Date:
Maiden:

Great Grandfather's Full Name:
Birth Date:

Grandfather's Full Name:
Birth Date:

Great Grandmother's Full Name:
Birth Date:
Maiden:

Mother's Full Name:
Birth Date:
Maiden:

Great Grandfather's Full Name:
Birth Date:

Grandmother's Full Name:
Birth Date:
Maiden:

Great Grandmother's Full Name:
Birth Date:
Maiden:

*Failure to provide dates of birth, middle, or maiden names may result in the application being returned.
If parent is Non-Indian, please indicate.*