Request to Increase Blood Degree Instructions

REQUIREMENTS:

	Rec	iuest	to	Increase	Blood	Dearee:
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- Complete Section 1 with information for individual(s) affected by the proposed increase. Make sure to include requestor's name, if applicable. For additional persons, please use another Request to Increase Blood Degree.
- Complete Section 2. Provide a detailed factual explanation to support the request to increase blood degree.
- Complete Section 3. The person listed will be the primary contact regarding the request.
- Sign and date.

☐ Acceptable Documentation

- It is the requestor's responsibility to submit documentation to support the request to increase blood degree.
- Acceptable documentation includes but is not limited to:
 - · State Certified birth certificate and court ordered document.
 - · or DNA test results in place of court document.

Approved DNA Labs:

■ LabCorp: 1-800-742-3944

DNA Diagnostics: 1-800-362-2368

☐ Fee

- Submit a check, money order, or cashier's check of \$20.00. (Please do not mail cash).
- Make check, money order, or cashier's check payable to the Trust Enrollment Department.
- If the request is accepted, the fee is non-refundable.

☐ Submit the above items to:

Trust Enrollment Department
 PO Box 365
 Oneida WI 54155

Questions, please call:

- (920) 869-6200 or 1-800-571-9902



Request to Increase Blood Degree

NAME	BIRTH DAT	ROLL NUMBER	RELATIONSHIP	TO REQUESTOR
FCTION 3: REQUESTOR'S	SINFORMATION			
ECTION 3: REQUESTOR'S	S INFORMATION			
	Birth Date:	Phone #:		
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oll Number:	Birth Date:	Phone #:		IDEN
oll Number:(IF APPLICAI ame: LAST	Birth Date: BLE) FIRST	MIDDLE	MAI	IDEN
oll Number:(IF APPLICAI ame:	Birth Date:BIFT Date:			IDEN ZIP

Attach copies of approved Oneida Trust Enrollment Committee minutes. Archive.