

# ***Descendant Application Instructions***

## **ELIGIBILITY REQUIREMENTS:**

- 1) Provide proof of ancestry to a member listed on the 1935 Base Roll.

## **APPLICATION REQUIREMENTS:**

- Descendant Application*
  - Complete, sign and date.
  
- Family Tree Form*
  - Complete as much information as you can.
  
- State Certified Birth Certificate*
  - Submit a 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 Enrollment Department and will be retained in the descendant file as a legal document.
  
- Application 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.
  
- Name Change Request, if applicable*
  - If the descendant'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 →

## **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 60-days from the date of the notice.
- 3) Responses received after 60-days will be automatically disposed of without notice to the applicant.
- 4) If no response is received after 60-days, any forms and/or photocopied information will be shredded. Any original documents will be returned to applicant.
- 5) A new application, with appropriate documentation and fee, can be resubmitted.

## **ADOPTION INFORMATION:**

Descendant 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:* ADOPTTEES MUST contact the Wisconsin Adoption Search Program at (608) 422-6910.

*Other State Adoptions:* To obtain the appropriate legal documents to complete your Descendant Application, ADOPTTEES 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/>



## Descendant Application

### SECTION 1: APPLICANT INFORMATION

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### SECTION 2: ELIGIBILITY INFORMATION

County of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Descendant Eligibility is based on:  Father  Mother  Grandparent  Great Grandparent

Is Applicant Adopted?  Yes  No If yes, please read Adoption information on page 2 of the instructions.

### SECTION 3: APPLICANT SIGNATURE

- 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: \_\_\_\_\_

#### OFFICE USE ONLY

Eligibility based on:  Mother  Father  Grandparent  Other: \_\_\_\_\_ Roll #: \_\_\_\_\_

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

# 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:

*Please provide as much information as possible.  
If parent is Non-Indian, please indicate.*