



Descendant Reissue Instructions

APPLICATION REQUIREMENTS:

- The form should only be completed by individuals that are currently recognized as descendants of the Oneida Nation. If you are unsure of your status, please contact the Trust Enrollment Department.*
- Descendant Reissue Application*
 - Complete, sign and date.
- Descendant Reissue Fee*
 - Submit payment of \$5.00. If in the office, we accept all forms of payment.
 - Please do not mail cash. Mail checks or money orders make them payable to Oneida Trust 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 Trust 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 _____