

Family Tree Request Instructions

GENERAL:

- This request will provide basic family tree information that can be used for genealogical research.
- The Trust Enrollment Department can provide only the following family tree information: parent(s), grandparent(s), or great-grandparent(s).
- Confidential adoption information will not be released.

ELIGIBILITY REQUIREMENTS:

- 1) Must be an enrolled member (or a descendant of an enrolled member) of the Oneida Nation.
- 2) For descendants, a current Descendant Application and an original state certified birth certificate must be on file. If you are unsure, contact the Trust Enrollment Department.
- 3) If adopted, or linked to adoption in your family, application will be denied.

REQUEST REQUIREMENTS:

Family Tree Request

- Complete, sign and date.

Family Tree Form

- Complete as much information as you can.

Fee

- Submit payment of \$5.00. If in the office, we accept all forms of payment.
- Please do not mail cash. Mail check or money order, make payable to Oneida Trust Enrollment Department.
- Fee is non-refundable.

Submit the above items to the Oneida Trust Enrollment Department



Family Tree Request

SECTION 1: REQUESTOR INFORMATION

Roll # : _____ Birth Date: _____ Phone Number: _____

Name: _____
LAST FIRST MIDDLE MAIDEN (IF ANY)

Address: _____
STREET OR PO BOX APT CITY STATE ZIP

Signature: _____ Date: _____

OFFICE USE ONLY

Requestor's Database ID #: _____

Family Tree Mailed on: _____ by: _____
DATE SIGNATURE

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.

210 Elm St. • Oneida, WI 54155 • Mailing PO Box 365, Oneida, WI 54155-0365 • 920 869 6200 • 1 800 571 9902 • Fax 920 869 2995

TrustEnrollments@oneidanation.org • oneida-nsn.gov