Descendant Application Instructions

ELIGIBILITY REQUIREMENTS:

1) Provide proof of ancestry to a member listed on the 1967 Base Roll.

2) Individuals born from enrolled Oneida Members but who do not meet the eligibility requirements for enrollment with the Oneida Nation.

3) Must be able to provide documentation that the individual lineally descends from an ancector who is or was a member of the Oneida Nation.

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. 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 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: ADOPTEES 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, 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/

Oneida Nation
Trust Enrollment Department

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 _____

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

REVISED 2022 06 13

Family Tree Form

Applicant's Full Name

Maiden Name

Birth Date

Father's Full Name:
Birth Date:

Mother's Full Name:
Birth Date:
Maiden:

Grandfather's Full Name:
Birth Date:

Grandmother's Full Name:
Birth Date:
Maiden:

Grandfather's Full Name:
Birth Date:

Grandmother's Full Name:
Birth Date:
Maiden:

Great Grandfather's Full Name:
Birth Date:

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

Great Grandfather's Full Name:
Birth Date:

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

Great Grandfather's Full Name:
Birth Date:

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

Great Grandfather's Full Name:
Birth Date:

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

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