Descendant Application Instructions

ELIGIBILITY REQUIREMENTS:

1) Provide proof of ancestry to 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 ancestor who is or was a member of the Oneida Nation of Wisconsin.

APPLICATION REQUIREMENTS:

Please submit all items to the Oneida Trust Enrollment Department.

☐ Descendant Application
- Complete, sign and date.

☐ Family Tree Form
- Complete as much information as you can.

☐ State Certified Birth Certificate
- Submit state certified birth certificate.
- Birth certificate must fully identify birth parents (initials are 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 property of the Trust Enrollment Department and will be retained in the descendant file as a legal document.

☐ Fee
- Submit payment of $50.00. If in person, we accept all forms of payment.
- Please do not mail cash. Mail check or money orders make them payable to Oneida Trust Enrollment Department.
- Fee is non-refundable.

☐ Name Change Request (if applicable)
- If the applicant's name differs from that on the birth certificate, a Name Change Request form must be completed.

<mark>INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED</mark>

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 form the date of application was received.
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 the applicant.
5) A new application, with the appropriate documentation and fee can/must 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 or 1 (800) 571-9902

Mail: ONEIDA TRUST ENROLLMENT DEPARTMENT
PO BOX 365
ONEIDA WI 54155-0365

Web: https://oneida-nsn.gov/resources/enrollments/

Facebook: Oneida Trust Enrollment Department

Oneida Nation Descendant Application

SECTION 1: APPLICANT INFORMATION

Applicant Name: _____
LAST   FIRST   MIDDLE   MAIDEN

Social Security Number: _____/_____/_____   Sex: _____

Date of Birth: _____/_____/_____ City: _____ State: _____ County: _____

Street Address: _____
STREET OR PO BOX   APT   CITY   STATE   ZIP

Mailing Address: _____
STREET OR PO BOX   APT   CITY   STATE   ZIP

Phone Number: (_____) _____-_____ Email: _____

SECTION 2: ELIGIBILITY INFORMATION

Descendant eligibility is based on: ☐ Father ☐ Mother ☐ Grandparent ☐ Great-grandparent

Is the applicant enrolled with any other Tribe?   Yes   No

If yes, Name and Address of Tribe: _____

Is the 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 the signature is not the applicant's, please state relationship to the applicant: _____

OFFICE USE ONLY
Attach copies of letter. File.

ELIGIBILITY BASED ON: ☐ FATHER ☐ MOTHER ☐ GRANDPARENT ☐ OTHER: _____

ROLL NUMER: _____ REVIEW DATE: _____ BY: _____ SECOND: _____

FILE #: S -_____

Father's side
(Paternal)

Family Tree Form
Please provide as much information as possible.
If parent is non-indian, please indicate.

Great Grandfather's Full name:
Birthdate:

Grandfather's Full name:
Birthdate:
Tribe:

Great Grandmother's Full name:
Birthdate:

Father's Full name:
Birthdate:
Tribe:

Great Grandfather's Full name:
Birthdate:

Grandmother's Full name:
Birthdate:
Maiden:
Tribe:

Great Grandmother's Full name:
Birthdate:

Applicant's Full name:
Birthdate:
Maiden:
Tribe:

Mother's side
(Maternal)

Great Grandfather's Full name:
Birthdate:

Grandfather's Full name:
Birthdate:
Tribe:

Great Grandmother's Full name:
Birthdate:

Mother's Full name:
Birthdate:
Maiden:
Tribe:

Great Grandfather's Full name:
Birthdate:

Grandmother's Full name:
Birthdate:
Maiden:
Tribe:

Great Grandmother's Full name:
Birthdate: