



Enrollment Application Information and Instructions

ELIGIBILITY REQUIREMENTS:

- 1) Possess at least ¼ degree Oneida Nation blood from Wisconsin by proving ancestry to a member on the 1967 Base Roll.
- 2) Dual Enrollment is strictly prohibited. If you are currently enrolled with another tribe, the process to relinquish the enrollment with that tribe must be initiated prior to applying for enrollment with the Oneida Nation.
- 3) If you are a descendant of another tribe, we are required to verify that you are not enrolled with another Tribe, which may delay the processing of your application.

APPLICATION REQUIREMENTS:

Please submit all items to the Oneida Trust Enrollment Department

- ☐ Enrollment 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 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 the property of the Trust Enrollment Department and will be retained in the member file as a legal document.
- ☐ Enrollment Fee
 - Submit payment of \$30.00. If in person, 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**.
- ☐ Proof of Relinquishment (if applicable)
 - Submit written verification from the applicant's current tribe that relinquishment process has been started.

APPLICATION DEADLINES:

Complete applications are reviewed by the Trust Enrollment Committee semi-annually.

APPLICATIONS DEADLINE	REVIEWED IN:
AUGUST 1 ST – JANUARY 31 ST	FEBRUARY
FEBRUARY 1 ST – JULY 31 ST	AUGUST

APPLICATION RECEIVED ARE PROCESSED AND MAY BE DELAYED DUE TO INFORMATION NEEDED TO COMPLETE DATA.

ALL INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND RETURNED.

- 1) A notice will be mailed; It will state the items needed to complete the application.
- 2) The deadline to respond to the notice will be 90-days from the date the application was received.
- 3) Responses received after the 90-days will be automatically disposed of without notice to the applicant.
- 4) If no response is received after the 90-days, any forms and/or photocopied information will be shredded. Any originals will be returned.
- 5) A new application, with all appropriate documentation and fee, can be submitted.

ADOPTION INFORMATION:

Enrollment 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: ADOPTES MUST contact the Wisconsin Adoption Search Program at (608) 422-6910.

Other State Adoptions: To obtain the appropriate legal documents to complete your Enrollment Application, ADOPTES 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 Enrollment 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

Enrollment eligibility based on: ☐ Father ☐ Mother ☐ Grandparent

Is the applicant enrolled with any other tribe? ☐ Yes ☐ No

If yes, Name and Address of Tribe: _____

Is either parent 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 hereby give permission for the Oneida Trust Enrollment Department to verify Tribal Enrollment of applicant. Any other information requires written authorization by applicant or legal guardian.
- 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 applicant: _____

OFFICE USE ONLY

Attach copies of approved Trust Enrollment Committee minutes. File.

REVIEW DATE: _____ BY: _____ SECOND: _____

COMPLETED APPLICATION: ☐ YES ☐ NO

DEGREE OF ONEIDA NATION OF WI BLOOD: _____ ☐ APPROVED ☐ DENIED

Family Tree Form

Please provide as much information as possible.

If parent is non-indian, please indicate.

Father's side (Paternal)

Great Grandfather's Full name:
Birthdate:

Grandfather's Full name:
Birthdate:
Tribe:

Great Grandmother's Full name:
Birthdate:

Great Grandfather's Full name:
Birthdate:

Father's Full name:
Birthdate:
Tribe:

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

Great Grandmother's Full name:
Birthdate:

Mother's side (Maternal)

Great Grandfather's Full name:
Birthdate:

Grandfather's Full name:
Birthdate:
Tribe:

Great Grandmother's Full name:
Birthdate:

Great Grandfather's Full name:
Birthdate:

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

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

Great Grandmother's Full name:
Birthdate:

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