



Descendant Reissue Instructions

APPLICATION REQUIREMENTS:

This form should only be completed by individuals that are currently recognized as descendants of the Oneida Nation of Wisconsin. If you are unsure of your status, please contact the Trust Enrollment Department.

Please submit all items to the Oneida Trust Enrollment Department

- ☐ Descendant Reissue Application
 - Complete, sign and date.
- ☐ Fee
 - Submit payment of \$20.00. If in person, we accept all forms of payment.
 - Please do not mail cash. Mail check or money orders please 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.

Descendant Reissue Request Application

SECTION 1: APPLICANT INFORMATION

Date of Birth: ____/____/____ Phone Number: (____) ____-____

Name: _____
LAST FIRST MIDDLE MAIDEN

Street 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 - _____

DATE PRINTED/MAILED: ____/____/____

☐ PAID: _\$_____ (amt recv'd)