

Stockbridge-Munsee Community

DESCENDANT VERIFICATION REQUEST

INSTRUCTIONS

INFORMATION

This request will provide a Tribal Descendant Verification Certificate from the Stockbridge-Munsee Community for individuals who are not eligible for enrollment with the tribe.

ELIGIBILITY

- MUST descend from a Stockbridge-Munsee Enrolled Member

REQUIREMENTS

Submit the following:

- Descendant Verification Request Form
 - Must be completed in its entirety and legible
 - Proof of descent from an enrolled member
- State Certified Birth Certificate(s), (Certificates will be kept by the Enrollment Department not copied.)
 - Submit State Certified Birth Certificate
 - Birth Certificates must fully identify birth parents
 - Submit additional birth certificates linking you to the enrolled member, such as grandparents and great-grandparents (if applicable)
 - If parents are not listed on a birth certificate, submit: a court order of paternity or DNA result
- Fee, (No cash will be accepted)
 - Submit payment of \$25.00 by check or money order payable to Stockbridge-Munsee Community
 - Contact Stockbridge-Munsee Finance Department for Credit or Debit Card Payments

SUBMIT THE REQUEST FORM TO:

Stockbridge-Munsee Community
Enrollment Department
P. O. Box 70
N8476 Moh He Con Nuck Road
Bowler, WI 54416

Phone: (715) 793-4677, (715) 793-4671, or (715) 793-3049

Visit Stockbridge-Munsee Community
Band of Mohican Indians
“People of The Waters That Are Never Still”
www.mohican.com



Stockbridge-Munsee Community
Enrollment Department
N8476 Moh He Con Nuck Rd.
P.O. Box 70
Bowler, WI 54416

Fee List

Applications: \$25.00

- Membership in S-M Tribe
- Descendant Verification of S-M Tribe
- Step/Adopted Child Verification Request
- Relinquishment from S-M Tribe **\$10.00**

Family Tree: \$25.00 (must be a registered enrolled member or descendant of S-M Tribe)

- You will receive
 1. Family Tree
 2. Individual Family ID Card (Family information on paper)
 3. CIB Certificate (Certificate of your S-M Indian blood)

Tribal Membership Card ID:

- Free for the first card of enrollment into the S-M Tribe
- Free for individuals age 55 and older
- \$10.00 for lost or stolen cards
- \$10.00 if renewed past the expiration date
- \$5.00 if renewed before the expiration date

All payments can be made by check, money order, or credit card, **NO CASH.**

- **Check or Money Order payments payable to:**
Stockbridge-Munsee Community
Enrollment Department
N8476 Moh He Con Nuck Rd.
P.O. Box 70
Bowler, WI 54416
- **Credit card payments can be made over the phone to the Finance Department or the Enrollment Department by phone or walk-in. Finance Department will take cash by walk-in only.**
 - Terrie Terrio (715) 793-4833
 - Karmen Mason (715) 793-3021
 - Yvette Malone (715) 793-3049

Address: Stockbridge-Munsee Community
Finance Department
N8705 Moh He Con Nuck Rd.
Bowler, WI 54416

Alphia Creapeau/ Enrollment Manager (715)793-4677
Delores Meek/Enrollment Assistant (715)793-4671
Yvette Malone/Enrollment Assistant (715)793-3049



Stockbridge-Munsee Community

ENROLLMENT DEPARTMENT

P.O. Box 70 • N8476 Moh He Con Nuck Road • Bowler, WI 54416
Phone: (715) 793-4677, (715) 793-4671 or (715) 793-3049 • Fax: (715) 793-1307

DESCENDANT VERIFICATION REQUEST

APPLICANT INFORMATION

Full Name: _____
 Last First Middle Suffix/Maiden

Address: _____
 P.O. Box or Street Apt.

City State Zip

Date of Birth: _____ Primary Phone: _____

ELIGIBILITY INFORMATION

Descendant eligibility is based on:

- Mother Grandparent Grt-Grt Grandparent
 Father Great Grandparent

BRIEF FAMILY TREE

Maternal Lineage

Mother's Name: _____
 Grandmother: _____
 Grandfather: _____
 Grt. Grandmother: _____
 Grt. Grandfather: _____
 G-G Grandmother: _____
 G-G Grandfather: _____

Paternal Lineage

Father's Name: _____
 Grandmother: _____
 Grandfather: _____
 Grt. Grandmother: _____
 Grt. Grandfather: _____
 G-G Grandmother: _____
 G-G Grandfather: _____

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 the applicant: _____

OFFICE USE ONLY

ELIGIBILITY BASED ON:

- Mother
 Father
 Grandparent
 Great Grandparent
 Great-Great Grandparent

ENROLLMENT Dept.
 Date Application Received: _____
 Enrollment Dept. Initials: _____
 Receipt #: _____

Family Tree Form

Applicant's Full Name

Maiden Name

Birth Date

Great Grandfather's Full Name:
Birth Date:

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

Grandfather'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:

Father's Full Name:
Birth Date:

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:

*Failure to provide dates of birth, middle, or maiden names may result in the application being returned.
If parent is Non-Indian, please indicate.*