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
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
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: _________________________ Father’s Name: _________________________
Grandmother: ___________________________ Grandfather: ___________________________
Grandfather: ____________________________
Grt. Grandfather: ________________________
G-G Grandmother: _______________________
G-G Grandfather: ________________________

Paternal Lineage
Father’s Name: __________________________ Grandmother: ___________________________
Grandmother: ___________________________ Grandfather: ___________________________
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:

Father's Full Name:
Birth Date:

Great 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:

Great Grandmother's Full Name:
Birth Date:

Maiden:

Grandmother's Full Name:
Birth Date:
Maiden:

Great Grandfather's Full Name:
Birth Date:

Great Grandmother's Full Name:
Birth Date:

Maiden:

Grandfather's Full Name:
Birth Date:

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

REVISED 2022