

Stockbridge-Munsee Community
Enrollment Application Instructions

Contact Information: Stockbridge-Munsee Community Enrollment Department
P.O. Box 70 N8476 Moh He Con Nuck Road Bowler, WI 54416
Phone: (715) 793-4677 or (715) 793-4671 or (715) 793-3049 Fax: (715) 793-1307

First Name	Middle Name	Last Name	Maiden/Suffix
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ELIGIBILITY:

- Must possess at least one-fourth (1/4) degree Stockbridge-Munsee Indian blood to be enrolled with the Stockbridge-Munsee Community “Tribe.”
- “Burden of Proof” lies on the applicate, parent, or legal guardian of the applicant.
- Dual Enrollment is not allowed.

GENERAL INFORMATION:

- Applications for enrollment with the Stockbridge-Munsee Community shall be filed with the Enrollment Department.
- The Enrollment Committee will review applications and make their recommendations to Tribal Council for final action.

REQUIREMENTS: APPLICANTS PLEASE INITIAL BY EACH FORM AND EVERY PAGE OF APPLICATION AND DOCUMENTS SUBMITTED.

_____ **Fee**

- a. \$25.00 Application fee to be paid to finance department and receipt submitted with application.

_____ **Enrollment Application**

- a. Complete ALL information, sign and date.
- b. Incomplete applications will not be processed.

_____ **State Certified Birth Certificate**

- a. Submit an original state certified birth certificate.
- b. Birth certificates must identify both parents from which you are claiming your Indian blood.
 - To obtain Vital Records Information online visit:
<http://www.cdc.gov/nchs/w2w.htm>

- Adoptees must submit birth certificates of biological and adoptive parents.
 - Adoption information may affect eligibility for enrollment.
 - Wisconsin Adoptions contact: Wisconsin Adoption Search Program at (608) 266-7163.
 - Other State Adoptions contact the State Vital Records Offices in the state where the adoption took place.

_____ **Social Security Card**

- a. Submit copy.

_____ **Relinquishment Status (if applicable)**

- a. Submit documentation from current tribe of relinquishment status.

_____ **Proof of Name Change (if applicable)**

- a. Submit a copy of Driver's License or another picture ID.
- b. Submit a copy of Social Security Card with name matching picture ID.
- c. Submit a copy of Marriage Certificate.

_____ **Family Tree Chart**

- a. Provide as much information as you can.

_____ **Initial and list other documents submitted with this application**

Documents	Applicant	Staff



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

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Fax: (715) 793-1307

APPLICANT INFORMATION

CLEARLY

PRINT OR TYPE

FULL Legal Name: _____

First Middle Last Suffix/Maiden (if any)

GENDER

DATE OF BIRTH:

MALE

FEMALE

_____/_____/_____
MO. DAY YEAR

SOCIAL SECURITY NUMBER

Address (MAILING): _____

P.O. Box or Street

Apt.

City

State

Zip

Primary Phone: _____

Contact number

Email Address

Physical Address (if different from above)

Street or PO Box

ELIGIBILITY INFORMATION

Are you enrolled in another tribe? Yes No

If yes, list the name of the tribe: _____

Are you a descendant of the Stockbridge-Munsee Tribe? Yes No

List your Ancestor _____

If you are adopted? Yes No

Have you included the necessary documents? Yes No

List of Ancestors

Please list your lineal ancestor(s) whom you descend from with Stockbridge-Munsee blood who is/are name on the roll of 1871 or any subsequent roll up to and including the roll of 1910. Identify and name the roll.

Ancestor's name with Stockbridge-Munsee blood _____ _____	Ancestor's name with Stockbridge-Munsee blood _____ _____
Ancestor's name with Stockbridge-Munsee blood _____ _____	Ancestor's name with Stockbridge-Munsee blood _____ _____
Ancestor's name with Stockbridge-Munsee blood _____ _____	Ancestor's name with Stockbridge-Munsee blood _____ _____
Ancestor's name with Stockbridge-Munsee blood _____ _____	Ancestor's name with Stockbridge-Munsee blood _____ _____

List Biological Siblings

MATERNAL BIOLOGICAL LINEAGE

MOTHER'S INFORMATION

Full Name: _____
 First Middle Last maiden
 Date of Birth: _____ Date of Death: _____
 Enrolled: Yes No

List Names of Mother's full BIOLOGICAL siblings (if known)

MATERNAL Grandfather's Full name: _____
 First Middle Last suffix
 Date of Birth: _____ Date of Death: _____
 Enrolled: Yes No

List Names of Grandfather's full BIOLOGICAL siblings (if known)

MATERNAL Grandmother's Full name: _____
 First Middle Last maiden
name
 Date of Birth: _____ Date of Death: _____
 Enrolled: Yes No

List Names of Grandmother's full BIOLOGICAL siblings (if known)

PATERNAL BIOLOGICAL LINEAGE

FATHER'S INFORMATION

Full Name: _____
 First Middle Last *suffix*
 Date of Birth: _____ Date of Death: _____
 Enrolled: Yes No

List Names of Father's full BIOLOGICAL siblings (if known)

PATERNAL Grandfather's Full name: _____
 First Middle Last *suffix*
 Date of Birth: _____ Date of Death: _____
 Enrolled: Yes No

List Names of Grandfather's full BIOLOGICAL siblings (if known)

PATERNAL Grandmother's Full name: _____
 First Middle Last *maiden*
name
 Date of Birth: _____ Date of Death: _____
 Enrolled: Yes No

List Names of Grandmother's full BIOLOGICAL siblings (if known)

SPOUSES INFORMATION

Full Name: _____
 First Middle Last

Date of Birth: _____ Date of Death: _____

Enrolled: Yes No

Name of Tribe: _____

- ___ MARRIED
- ___ DIVORCED
- ___ WIDOWED
- ___ SEPARATED
- ___ TRIBAL CUSTOM
- ___ COMMON-LAW
- ___ DOMESTIC PARTNER

List of APPLICANT'S FULL BIOLOGICAL CHILDREN:

First Name	Middle Name	Last Name	Date of Birth	Relationship

APPLICANT SIGNATURE

_____ HEREBY GIVE PERMISSION FOR THE STOCKBRIDGE-MUNSEE COMMUNITY TO VERIFY TRIBAL ENROLLMENT. Individuals over the age of eighteen (18) wishing to apply for enrollment must have their enrollment form notarized or bring their application to the Enrollment Dept., in-person, for staff to witness. If the individual has a power of attorney, or guardian the POA or guardian may apply on the persons behalf. Parents or legal guardians of minor children under the age of eighteen (18) may apply for their minor children following the same guidelines for notary or staff drop-off.

_____ BY SIGNING THIS APPLICATION FOR ENROLLMENT, I VERIFY ALL INFORMATION PROVIDED IS TRUE AND CORRECT. An applicant who knowingly submits false or fraudulent information will be rejected for enrollment and may be subject to penalties.

SIGNATURE OF APPLICANT

DATE OF SIGNATURE

 Signature by Power of Attorney (POA) or Guardian (documentation included)
 IF SIGNATURE IS NOT THE APPLICANT'S, STATE RELATIONSHIP TO APPLICANT:

**CERTIFICATE OF NOTARY PUBLIC OR
Stockbridge-Munsee Enrollment
Official The above-named person came
 before me This _____ day of _____, 20__
 NOTARY PUBLIC OR Enrollment Signature**

(SEAL/STAMP)

My commission expires: _____

Family Tree Form

Applicant's Full Name

Maiden Name

Birth Date

Great Grandfather's Full Name:
Birth Date:

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:

Grandmother's Full Name:
Birth Date:
Maiden:

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

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.*