Tribal Veterans Service Office

Telephone: (715)793-4036

Tribal Veteran Status Verification Request

Member name: Last:	First	Middle
Date of birth:	Enrollment nu	mber:
Phone or email if confirmati	on is requested:	
to release my Veteran Status of determining my eligibility card. I further understand I m	to the Stockbridge-Munsee Cov for Veteran Status designation must submit my DD214/DD215 Stockbridge-Munsee Communication	y Tribal Veterans Service Office permission ommunity Enrollment Office for the purpose on the Tribal Identification and Enrollment to the Tribal Veterans Service Office to ity can compile my Veteran data for use in
Signature		Date
Stockbridge-Munsee Com	nunity Tribal Veterans Servi	ce Office Use Only
	mber is is not re unity Tribal Veterans Service C	ecognized as a Veteran in accordance with Office policy.
TVSO Signature		Date
		ckbridge-Munsee Community Tribal d to your term and characterization of
Character of Service: The C	haracter of Service Field on yo	ur DD214/DD215 must show, Honorable,

Character of Service: The Character of Service Field on your DD214/DD215 must show, Honorable, General under honorable conditions, or Honorable under General. (Other than Honorable conditions will not allow you to certify through this process.)

Return completed form to: TVSO PO BOX 70 203 W Main St. Bowler, WI. 54416

Veteran status on Tribal ID Enrollment card 5-19-2025gwd