Dear Applicant:

Enclosed you will find information which may be helpful as you complete the application for enrollment.

Please keep in mind that it is the applicant's responsibility to thoroughly complete the application and to the provide all requested documentation. Incomplete applications without the mandatory documents will not be processed.

The checklist below will help facilitate you in the enrollment process. If you have questions regarding this process, please call the St. Croix Tribal Enrollment Office at (800) 236-2195 ext. 5187 or 5274.

St. Croix Tribal Enrollment Dept.

Application Checklist

- Completed, signed application for enrollment
- Certified and sealed embossed certificate of live birth including both parents' names
- Completed family tree/ family history
- Copy of applicant's social security card
- Verification of blood quantum from other tribal ancestry
- If applicant was born out of wedlock, the following must be submitted:

    ➢ _____ **Certification of paternity based on genetic marker testing (DNA)**
      Conducted on the father and the applicant (at the applicant's expense)

ALL DOCUMENT'S / STATEMENTS / FORMS MUST BE ORIGNALS. COPIES WILL NOT BE ACCEPTED
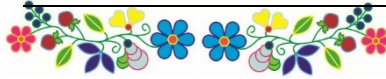
ST. CROIX CHIPPEWA INDIANS OF WISCONSIN
24663 Angeline Avenue
Webster, W.I. 54893
P: 715-349-2195 or (800) 236-2195 F: 715-349-8370

APPLICATION FOR MEMBERSHIP

Date of Application: _____

Section A (Applicant's Information)

Legal Name of Applicant: _____
Gender: **Male** ☐ **Female** ☐ Date of Birth: _____/_____/_____ Social Security #: _____-_____-_____
Place of Birth (City/State):_____
Do you possess and/or are enrolled with another tribe?
Tribe, Band, or Community? Yes ☐ No ☐   If yes, name of Tribe: _____
Other Tribe's Enrollment #: _____ Degree of Other Indian Blood _____/_____
Mailing Address: _____ Apt. /Unit #: _____
City: _____ State: _____ Zip Code: _____ County: _____
Phone #: _____ Email: _____
<mark>Complete this section if your mailing address is different than your physical address – or check the box if same as above</mark> ☐
Physical Address: _____ Apt. /Unit #: _____
City: _____ State: _____ Zip Code: _____ County: _____

Section B (Father's Information)

Biological Father's Name: _____ Date of Birth: _____/_____/_____
Enrolled with St. Croix? Yes ☐ No ☐   Degree of St. Croix Blood: _____/_____
Enrollment #: _____Other Indian Blood: Yes ☐ No ☐ If yes, Tribe?_____
Other Blood? ____/____ Enrollment #:_____

Section C (Mother's Information)

Biological Mother's Name: _____ Date of Birth: _____/_____/_____
Enrolled with St. Croix? Yes ☐ No ☐   Degree of St. Croix Blood: _____/_____
Enrollment #: _____Other Indian Blood: Yes ☐ No ☐ If yes, Tribe?_____
Other Blood? ____/____ Enrollment #:_____

What Base Enrollee of the 1938 ancestor is applicant enrolling under? _____

Notice: Providing False or misleading information will result in rejection of the application or may serve as grounds for disenrollment after membership.	**Notice: A State issued Birth Certificate stating Full Name of the father and the full maiden name of the mother must be attached for each application, as well as a copy of the applicant's Social Security Card.**

My signature below certifies that the information given is true and correct to the best of my knowledge.

Signature of applicant/guardian:	**Date:**
Applicant's 18 or over must sign their own application.	

St. Croix Chippewa Indians of Wisconsin Application Intake Summary

Date Application Received: _____/_____/_____

☐ **COMPLETE** (Applicant met filing requirements)

    ☐ **Mailed**
    ☐ **Walk-in**
    ☐ **Other:** _____

Documentation Submitted:
_____
_____

☐ **INCOMPLETE** (Applicant did not meet filing requirements and will need to submit the following documentation for enrollment.)

	Original Certified Birth Certificate
	Social Security
	DNA results for:

_____

    Enrollment Employee Signature   Date

Family Tree

DOB: date of birth
BQ: blood quantum

Applicant's Name:

_____

DOB:
BQ:
TRIBE:
Brothers & Sisters:

Father:

DOB:
POB:
BQ:
TRIBE:
Brothers & Sisters:

Mother:

DOB:
POB:
BQ:
TRIBE:
Brothers & Sisters:

Grandfather:

POB:
DOB:
BQ:
TRIBE:

Grandmother:

POB:
DOB:
BQ:
TRIBE:

Grandfather:

POB:
DOB:
BQ:
TRIBE:

Grandmother:

POB:
DOB:
BQ:
TRIBE:

Great Grandfather:

DOB:

Great Grandmother:

DOB:

Great Grandfather:

DOB:

Great Grandmother:

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