



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 provide all requested documentation. Incomplete applications without the mandatory documents will not be processed.

The list 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 5172.

St. Croix Tribal Enrollment Dept.

Application Requirements

- 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
- Photo Identification for identity verification
- 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 DOCUMENTS / STATEMENTS / FORMS MUST BE ORIGINALS. COPIES WILL NOT BE ACCEPTED

For Office Use Only

St. Croix Chippewa Indians of Wisconsin Application Intake Summary

Date Application Received: ____/____/____

COMPLETE (Applicant met filing requirements)

Mailed

Walk-in

Other: _____

<i>Documentation Submitted:</i> _____ _____

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



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

Section A (Applicant's information)

Legal Name of Applicant: _____

Maiden name, native name, etc. _____

Gender: Male Female **Date of Birth:** ____/____/____ **Social Security #:** ____-____-____

Place of Birth (City/State): _____ **Adopted?** Yes No

Are enrolled with another tribe? 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:** _____

Complete this section if your mailing address is different than your physical address - or check the box if same as above

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: Applicant's 18 or over must sign their own application.	Date:
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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:

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Great Grandmother:

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Great Grandfather

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