St. Croix Tribal Enrollment Department
4264 Admin Road
Webster, WI 54893
Phone: (800) 236-2195 ext. 5187 or 5172

Dear Applicant,

Enclosed you will find information that 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, or those missing mandatory documents, will not be processed.

The list below is provided to assist you in completing the enrollment process. Should you have any questions, please contact the St. Croix Tribal Enrollment Office at the numbers listed above.

Application Requirements:

- Completed and **NOTARIZED** application for enrollment
- Certified and sealed embossed certificate of live birth, including both parents' names
- Completed family tree or family history
- Copy of applicant's Social Security Card
- Verification of blood quantum from other tribal ancestry (if applicable)
- Photo identification for identity verification
- Name change documentation, if applicable (marriage certificate, divorce decree, etc.)
- If the applicant was born out of wedlock, one of the following must be submitted:
    1. A court order establishing paternity
    2. A Wisconsin Voluntary Paternity Acknowledgement or a similar out-of-state form signed by both parents at the time of the applicant's birth
    3. A certification of paternity based on genetic marker testing (DNA) conducted on the father and applicant (at the applicant's expense)

Thank you for your attention to these requirements. We look forward to receiving your completed application.

Sincerely,
St. Croix Tribal Enrollment Department

St Croix Chippewa Indians of Wisconsin

4264 Admin Rd, Webster, WI 54893
715-349-2195 EXT. 5187 / 5172
Fax: 715-349-8173

Enrollment Application

Applicant Information (Please print) (Application MUST be notarized)

Legal Full Name: _____ Birthdate: _____
Last *First* *M.I.*

Other Names / Maiden _____ Social Security #: _____

Physical Address: _____ _____
Street address Apt / Unit #

_____
City *State* *Zip Code*

Mailing Address: **Circle Gender:** FEMALE / MALE

_____
Street Address / PO Box *Apt/Unit #*

Marital Status: _____

_____
City *State* *Zip Code*

Phone Number: _____

Email: _____

Are you adopted?	Yes ☐	No ☐	(Must submit court documents)	
Are you a Veteran?	Yes ☐	No ☐	(Must submit proof)	
Are you enrolled in any other federally recognized tribe?	Yes ☐	No ☐	If yes, which tribe?	
Do you possess any other Indian blood?	Yes ☐	No ☐		
Does applicant live on tribal land?	Yes ☐	No ☐	If yes, which community?	

Biological Parents Information

Biological Mother's Information

Name:		Degree of Other Indian Blood?	/
Date of Birth:		Enrollment #:	
Enrolled in St Croix?		Enrolled in any other tribe?	

Biological Father's Information

Name:		Degree of Other Indian Blood?	/
Date of Birth:		Enrollment #:	
Enrolled in St Croix?		Enrolled in any other tribe?	

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

Name: _____ DOB: _____

Signature of applicant:	Date:

Applicant's over 18 must sign their own application

- My signature certifies that the information given is true and to the best of my knowledge

NOTICE: Providing false or misleading information WILL result in rejection of the application or may serve as grounds for disenrollment after membership.

NOTARY CERTIFICATE

STATE OF _____}
} ss.
COUNTY OF _____}

Subscribed and sworn to before me on this _____ day of _____, _____,
by the above-named _____.
Notary Public: _____
Printed Name: _____
My Commission Expires: _____

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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Great Grandfather

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Great Grandfather

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