

Stockbridge-Munsee Community

DESCENDANT REQUEST INSTRUCTIONS

This request will provide a **Descendant Verification Certificate** from the Stockbridge-Munsee Community for individuals not eligible for membership enrollment

ELIGIBILITY

- Must descend from a Stockbridge-Munsee Enrolled Member
- Must provide documentation of proof of ancestry

REQUIREMENTS

Submit the following:

- Descendant Verification Request Application (completed in its entirety and legible)
- Original State Certified Birth Certificate of applicant (will be copied and given back)
- Additional birth certificates linking the applicant to the enrolled member. Such as grandparents and great-grandparents (if applicable)
- Birth Certificates must fully identify birth parents
 - If a parent/grandparent is not listed on a birth certificate, submit: a court order of paternity or DNA results
- Proof of name change (if applicable)
 - Submit a copy of driver's license or another government picture ID.
 - Submit a copy of Social Security card with name matching picture ID.
 - Submit a copy of Marriage Certificate.
- If the Applicant is a minor, the signer must provide a picture ID.
- Application fee of \$25.00
 - Check, Money Order, Credit and Debit Cards accepted (**NO CASH**)

SUBMIT APPLICATION TO:

Stockbridge-Munsee Community
Enrollment Department
P. O. Box 70
N8476 Moh He Con Nuck Road
Bowler, WI 54416

Call for an appointment at: (715) 793-4111



Stockbridge-Munsee Community

ENROLLMENT DEPARTMENT

P.O. Box 70 • N8476 Moh He Con Nuck Road • Bowler, WI 54416
Phone: (715) 793-4677, (715) 793-4671 or (715) 793-3049 • Fax: (715) 793-1307

DESCENDANT REQUEST APPLICATION

APPLICANT INFORMATION

Full Name: _____
Last First Middle Suffix/Maiden

Address: _____
P.O. Box or Street Apt.

City State Zip

Date of Birth: _____ Primary Phone: _____

Email: _____

ELIGIBILITY INFORMATION

Descendant eligibility is based on Enrolled Members:

- ☐ Mother ☐ Grandparent ☐ Great Great
☐ Father ☐ Great Grandparent Grandparent

List of applicants **Spouse** and **FULL BIOLOGICAL CHILDREN**:

First Name	Middle Name	Last Name	Date of Birth	Relationship	Marriage Date

APPLICANT SIGNATURE

_____ (Initials) BY SIGNING THIS APPLICATION, I VERIFY ALL INFORMATION PROVIDED IS TRUE AND CORRECT. An applicant knowingly submitting false or fraudulent information will be rejected for a **DESCENDANT CERTIFICATE** and may be penalized.

SIGNATURE

DATE

RELATIONSHIP

If the signature is not the applicant's, please state the relationship to the applicant.

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: