

>>>>> PLEASE READ AS INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED <<<<<

**Applications must be completed in its entirety and legible:** Failure to comply with requested information and documentation for application will not be processed.

**Legal and/or Guardianship:** Applications must be filled out by a legal guardian and/or custodial parent. A copy of legal documents proving guardianship must be attached with application. Applications submitted by any persons other than the legal guardian and/or custodial parents of the applicant WILL NOT be accepted.

**!!! Remember to include the following documents with the application: !!!**

- **State Certified Birth Certificate with seal.** (This document will be returned after the enrollment process is completed. If applicant is/was adopted, please provide the original birth certificate with the biological parent(s) listed as well as the birth certificate with the adoptive parent(s) listed.
- **Social Security Card** (Copy).
- **Family Tree.** First and last names with a minimum of three generations must be filled out including (if any) other Tribal affiliations.
- **DNA results:** If father's blood quantum is to be included and is not listed on the applicants birth certificate please provide a copy of DNA results.

**Dual Enrollment is prohibited:** If applicant is enrolled with another Tribe, Band, Pueblo or Indian Nation, applicant must relinquish their enrollment with that Tribe, Band, Pueblo or Indian Nation and submit the documentation. Any Indian who may be eligible for membership in the Winnebago Tribe of Nebraska, who has received an allotment of land, or received financial benefits as a member of another tribe, shall not be enrolled.

**"Burden of Proof"** for tribal membership with the Winnebago Tribe of Nebraska is on the applicant, parent, sponsor or legal guardian of applicant.

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*Persons who are descendants of a Winnebago tribal member and who have one-fourth (1/4) or more Winnebago Indian blood and blood of another federally recognized Indian tribe may be enrolled in tribal membership upon approval by a majority vote of the tribal membership, provided application is first made in writing to the Tribal Council or its designee. The Tribal Council, after proper investigation, shall submit to a vote of the tribal members at the next tribal election the names of all applicants for enrollment determined to be a descendent of a Winnebago Tribal member and have at least one-fourth (1/4) degree Winnebago Indian blood and blood of another federally recognized Indian Tribe. Those Applications approved by a majority vote of the tribal membership in the election shall be accepted as members of the tribe.*

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**For office use only**

Birth certificate	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Date Rec'd _____
Social security card	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	By Whom _____
Family Tree	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Guardianship documents	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Dual Enrollment Check	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> N/A
DNA Results	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> N/A

# Winnebago Tribe of Nebraska

## Application for Tribal Enrollment

Application received: \_\_\_\_\_

Application number: \_\_\_\_\_

Enrollment Office  
P.O. Box 687  
Winnebago, NE 68071

### Applicant's Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ Sex: Male  Female

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Is the applicant enrolled with another Tribe? (circle) Yes or No

\*\*If yes, what is the name and address of the Tribe? \_\_\_\_\_

**!!! If you are in the process of relinquishment, please attach a copy of your !!!  
relinquishment/resolution.**

### Applicant's Parental Information:

Biological **Father's** name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Other Tribal Affiliation: \_\_\_\_\_  
(provide documentation)

Biological **Father's father:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Other Tribal Affiliation: \_\_\_\_\_  
(provide documentation)

Biological **Father's mother:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Other Tribal Affiliation: \_\_\_\_\_  
(provide documentation)

Biological **Mother's** name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Other Tribal Affiliation: \_\_\_\_\_  
(provide documentation)

Biological **Mother's father:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Other Tribal Affiliation: \_\_\_\_\_  
(provide documentation)

Biological **Mother's mother:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Other Tribal Affiliation: \_\_\_\_\_  
(provide documentation)

**Applicant's adoption information:**

Is the applicant legally adopted by a court system? (circle) Yes or No

If yes, please provide the name and address of the court: \_\_\_\_\_

Adopted Mother: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_

Adopted Father: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_

**Applicant additional information**

APPLICANTS ANCESTOR WHO IS LISTED ON THE OFFICIAL APRIL 1, 1934 BASE ROLL, THE JANUARY 1, 1935 SUPPLEMENT THERETO OR THOSE PERSON ENROLLED BY JANUARY 1, 1967.

Name: \_\_\_\_\_

Enrollment number: \_\_\_\_\_ Relationship: \_\_\_\_\_

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*If the applicant is a minor, incompetent, a member of the Armed Services of the United States or otherwise lacks the capacity to file an application, an application for enrollment may be completed by a parent, recognized legal guardian, next of kin, spouse or other person responsible for the applicants care as the sponsor of the applicant.*

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I, undersigned, hereby certify under penalty of perjury that the information written in the Application of Enrollment with the Winnebago Tribe of Nebraska is true, correct and complete to the best of my knowledge. I understand and acknowledge that if my application for enrollment with the WTN contains false information or if I have wrongly withheld any relevant information or under any fraudulent acts will result in the application to be null and void. I shall be solely responsible for assuming all responsibility of proving eligibility for enrollment with the Winnebago Tribe of Nebraska.

Signature: _____		
Print Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Primary telephone #: _____	Cell Phone #: _____	
Relationship to applicant: _____	Date: _____	
Email address: _____		

