

WINNEBAGO TRIBE OF NEBRASKA ENROLLMENT DEPARTMENT

Phone: 402-878-2028

1030 Buffalo Trail Suite 110 PO Box 687 Winnebago, NE 68071

Fax: 402-878-2024

REQUEST FORM

Enrollment number: 383-U0 _____

Name: _____
 First Middle Last (Maiden/suffix- Sr. /Jr.)

Street address: _____
 street apt#/P.O box city state zip code

Email: _____ Primary Phone: _____

REQUESTING:

- | | |
|--|---|
| <input type="checkbox"/> CERTIFICATE OF INDIAN BLOOD | <input type="checkbox"/> BIA FORM 4432 |
| <input type="checkbox"/> PROOF OF DESCENDANCY | <input type="checkbox"/> PROOF OF ELIGIBILITY |
| <input type="checkbox"/> PROOF OF INELIGIBILITY | <input type="checkbox"/> NAME CHANGE |

OTHER:

UPDATING RECORDS under the Winnebago Tribal Code 5-116 and Policies and Procedures Sec. 17 Updating Records Enrollment Codes: 5-116, *the following documents are needed for:*

- ***Name Change:*** Marriage license; Divorce decree; Court order changing name: or other Government-issued documents; Driver's license; State ID. **Please bring in or mail the original documents, a copy will be made, placed in your file and updated in the system. If mailed it will be returned by certified mail.*

SIGNATURE: _____ DATE: _____

Date Rec'd: _____

By Whom: _____