

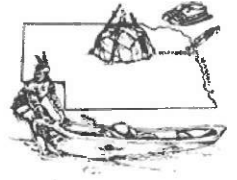
# Winnebago Tribe of Nebraska

Enrollment Department

## Enrollment Application Guidelines

1030 Buffalo Trail Suite #110 Winnebago, NE 68071

PH: 402-878-2028, Fax: 402-878-2024, Email: [enrollment@winnebagotribe.com](mailto:enrollment@winnebagotribe.com)



**\*\*All applications must be mailed or brought in by person.**

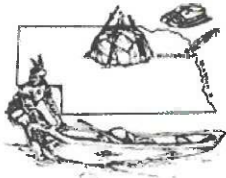
### Applicant checklist:

- Application completely filled out
- Notary Sign and Dated
- Family tree
- Original Birth Certificate
- Copy of Social Security Card
- DNA analysis                      or                       Paternity
- Certified Certificate of Indian blood (CDIB): If using other blood
  - Parent's CDIB's Attached
  - Grandparents CDIB's Attached
- Copy Birth Certificates to prove Parentage: If using other blood

#### If applies:

- Adoption Decree or Report of Adoption Attached
- Legal Guardianship Documents Attached
- Any other Legal or Certified Documents Attached:

**\*\*Please keep Enrollment updated with current address and phone number by Email or Visit our website at [Winnebagotribe.com](http://Winnebagotribe.com) for address update form as we may need to contact you for all enrollment information. Thank you!**



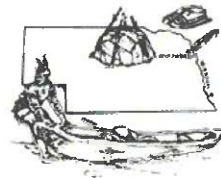
# Winnebago Tribe of Nebraska

Enrollment Department

## Enrollment Application

1030 Buffalo Trail Suite #110 Winnebago, NE 68071

PH: 402-878-2028, Fax: 402-878-2024, Email: enrollment@winnebagotribe.com



Application **MUST BE** complete INCLUDING the checking of all boxes.

**DO NOT LEAVE BLANK: If you do not know, enter unknown.**

An acknowledgement letter will be mailed to you within 30 days once received complete. All Incomplete applications will be returned by certified mail after 90 days of no response of requested documents.

**"ALL BURDEN OF PROOF IS ON THE LEGAL GUARDIAN."**

Application Date Received: \_\_\_\_\_ Initials \_\_\_\_\_

Application Number: \_\_\_\_\_ Initials \_\_\_\_\_

Processed \_\_\_\_\_ Initials \_\_\_\_\_

### PART ONE: About the Applicant

Base Roll Ancestor: \_\_\_\_\_  
English Name Indian Name Base Roll #

1934 (Base Roll Ancestor) or  (1935 supp.) Relationship to the Applicant: \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_  
First Middle Last Maiden/Sr., Jr., III

Other names: \_\_\_\_\_ Indian Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Clan: \_\_\_\_\_  
Month/Day/Year County State

Mailing Address: \_\_\_\_\_  
Street/P. O. Box City State Zip

Street Address: \_\_\_\_\_  
Street City State Zip

Social Security #: \_\_\_\_\_ Sex: Male  Female

Please check YES or NO: **\*MUST ATTACH Legal Documents and Certificate of Indian Blood (CDIB's).**

1. Is the Applicant Legally Adopted? YES  or NO

**\*If YES, MUST ATTACH Adoption Decree, Report of Adoption, and Impounded Birth Certificate.  
-OR IT'S INCOMPLETE!**

2. Is Applicant a Biological child of an enrolled Winnebago Tribal member? YES  or NO

**\*If YES, Check who applies: Mother  Father**

3. Is the Applicant currently enrolled or have ever been enrolled with another Tribe? YES  or NO

**\*If YES, MUST ATTACH a Certificate Degree of Indian Blood from other Tribal Affiliations  
And/or Relinquishment document.**

PART TWO: FAMILY HISTORY

Applicant Biological Paternal History

Father's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Middle Last/Suffix. Sr., Jr., III

Winnebago Tribal member? YES  or NO  or Non-Native  Enrollment number: 383-0U \_\_\_\_\_

Indian Name: \_\_\_\_\_ Clan: \_\_\_\_\_ Winnebago Blood Quantum: \_\_\_\_\_

Other Tribal Affiliations: \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

**\*(MUST ATTACH Certificate of Degree of Indian Blood from other Tribal Affiliations) OR IT'S INCOMPLETE!**

Paternal Grandfather's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Middle Last/Sr., Jr., III

Winnebago Tribal member? YES  or NO  or Non-Native  Enrollment number: 383-0U \_\_\_\_\_

Indian Name: \_\_\_\_\_ Clan: \_\_\_\_\_ Winnebago Blood Quantum: \_\_\_\_\_

Other Tribal Affiliations: \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

**\*(MUST ATTACH Certificate of Degree of Indian Blood from other Tribal Affiliations) OR IT'S INCOMPLETE!**

Paternal grandmother's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Middle Last (Maiden)

Winnebago Tribal member? YES  or NO  or Non-Native  Enrollment number: 383-0U \_\_\_\_\_

Indian Name: \_\_\_\_\_ Clan: \_\_\_\_\_ Winnebago Blood Quantum: \_\_\_\_\_

Other Tribal Affiliations: \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

**\*(MUST ATTACH Certificate of Degree of Indian Blood from other Tribal Affiliations) OR IT'S INCOMPLETE!**

Applicant's Biological Maternal History

Mother's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Middle Last (Maiden)

Winnebago Tribal member? YES  or NO  or Non-Native  Enrollment number: 383-0U \_\_\_\_\_

Indian Name: \_\_\_\_\_ Clan: \_\_\_\_\_ Winnebago Blood Quantum: \_\_\_\_\_

Other Tribal Affiliations: \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

**\*(MUST ATTACH Certificate of Degree of Indian Blood from other Tribal Affiliations) OR IT'S INCOMPLETE!**

Maternal Grandfather's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Middle Last (Sr., /Jr., III)

Winnebago Tribal member? YES  or NO  or Non-Native  Enrollment number: 383-0U \_\_\_\_\_

Indian Name: \_\_\_\_\_ Clan: \_\_\_\_\_ Winnebago Blood Quantum: \_\_\_\_\_

Other Tribal Affiliations: \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

**\*(MUST ATTACH Certificate of Degree of Indian Blood from other Tribal Affiliations) OR IT'S INCOMPLETE!**

BIOLOGICAL MATERNAL HISTORY CONTINUED on page 4.

Applicant's Biological Maternal History

Maternal Grandmother's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Middle Last (Maiden)

Winnebago Tribal member? YES  or NO  or Non-Native  Enrollment number: 383-0U \_\_\_\_\_

Indian Name: \_\_\_\_\_ Clan: \_\_\_\_\_ Winnebago Blood Quantum: \_\_\_\_\_

Other Tribal Affiliations: \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

\*(MUST ATTACH Certificate of Degree of Indian Blood from other Tribal Affiliations) OR IT'S INCOMPLETE!

PART THREE: AGREEMENT

Applicant/Sponsor Agreement

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.

1. Are you the biological parent/s who has legal custody? YES  or NO

IF NO, Are you the Legal Guardian? YES  or NO

\*(MUST ATTACH Legal Guardianship papers)  
-OR IT'S INCOMPLETE!

2. Is biological father on the Birth Certificate? YES  or NO

IF NO, \*(MUST ATTACH DNA results, paternity, Amended Birth Certificate, and legal Documents \*\*\*\*TO INCLUDE Father's Degree of Indian Blood) or this will not be added to Blood Quantum.

-If you are the LEGAL GUARDIAN; Please skip to Page 5.

-If you are the parent/s who have legal custody please continue to agreement below:

\*Disclaimer: The biological parent/s that have legal custody who agree to enroll minor child, please sign with notary below. Once the application is processed, the application may not be pulled as minor children cannot relinquish until they are 18.

AFFIRMATION: Each parent must sign and date this form in the presence of an authorized notary public. Notary completes and signs below.

Father's Signature \_\_\_\_\_ Date Signed (Month, Day, Year) \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date Signed (Month, Day, Year) \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Signed and affirmed in my presence by the father named above.

Signed and affirmed in my presence by the mother named above.

Notary Public's Signature \_\_\_\_\_ Date Signed (Month, Day, Year) \_\_\_\_\_

Notary Public's Signature \_\_\_\_\_ Date Signed (Month, Day, Year) \_\_\_\_\_

My commission expires: \_\_\_\_\_

My commission expires: \_\_\_\_\_

(Seal)

(Seal)

**PART THREE: AGREEMENT**  
**Applicant/Sponsor Agreement**

*I, undersign, 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.*

**Disclaimer:** *Once the application is processed it may not be pulled as minor children cannot relinquish until they are 18 years of age.*

On this date, \_\_\_\_\_ I, \_\_\_\_\_ / \_\_\_\_\_,  
Month/day/year                      Print Name                      Signature

**As the legal custodial parent/legal guardian/applicant: I have read and agree to comply with all above application requirements, and sign on my own free will.**

Sworn to and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Expiration Date

**Relationship to applicant:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

<b>For office use only:</b>	<b>Does Applicant have Documents Attached:</b>	
<input type="checkbox"/> Application filled out	<input type="checkbox"/> Sign and Dated	<input type="checkbox"/> Boxes all Checked.
<input type="checkbox"/> Original Birth Certificate	<input type="checkbox"/> Social Security Card	<input type="checkbox"/> Certified CDIB'S
<input type="checkbox"/> Parent's CDIB's Attached	<input type="checkbox"/> Grandparents CDIB's Attached	
<b>If applies:</b>		
<input type="checkbox"/> Adoption Decree or Report of Adoption Attached	<input type="checkbox"/> Legal Guardianship Documents Attached	
<input type="checkbox"/> Any other Legal or Certified Documents Attached		

Complete Application

Incomplete Application



