

Sokaogon Chippewa Community

Enrollment Department/Tribal Enrollment Committee

SCC Tribal Enrollment Application Instruction Sheet

For your convenience, the Sokaogon Chippewa Community/Tribal Enrollment Department has prepared this SCC Tribal Enrollment Application Instruction Sheet.

Each and every: (1) Tribal Enrollment Application must be thoroughly **COMPLETED** within Ninety (90) days, (2) Provide a certified Certificate of Live Birth, (3) Provide a Social Security Card with the applicant's current name, and (4) A completed Family Tree Chart form (documents will be returned to you). The SCC tribal enrollment department/committee will review all the documentation submitted by each applicant, after the tribal enrollment application is reviewed, notification will be sent to the applicant regarding, acceptance or denial into the Sokaogon Chippewa Community.

THE BURDEN OF PROOF IS ON THE APPLICANT

1. Ancestor on 1937 Base Roll through whom enrollment rights are claimed:

- ✦ **Name:** Must be your ancestor on the Sokaogon Chippewa 1937 Base Roll (this line CANNOT be filled in with your Mother's or Father's name).
- ✦ **Base Roll Number:** Most applicants do not know their ancestors roll number. Therefore, this line can be left blank and, with your permission, the tribal enrollment committee, will fill this line in for you, if you know your ancestors roll number, please fill this line in.
- ✦ **Relationship:** This line must be filled-in with relationship to Base Roll member; such as Great-Grandfather, Great-Grandmother, Great-Great Grandfather, and Great-Great Grandmother.

2. Degree of Indian Blood claimed:

- ✦ Each applicant can claim only $\frac{1}{2}$ of each parent's blood quantum
- ✦ If the applicant is affiliated with another Federally recognized tribe, the SCC Tribal Enrollment Department/Committee will need documentation, from that tribe, that shows what degree of Indian blood the applicant has from that tribe; and, also the document must tell us that you are NOT enrolled with that tribe.

3. Original Certificate of Live Birth:

- ✦ Original Certificate of Live Birth and Parentage must be submitted with application form—each applicant must submit the **ORIGINAL CERTIFICATE OF LIVE BIRTH**.
- ✦ The tribal enrollment department/committee will need to verify the parent/s of each applicant;
 - a) If the child is born out-of-wedlock, a statement of Paternity (DNA) must be submitted,
 - b) For "adopted" applicants, an **ORIGINAL Certificate of Live Birth is required** (it is called an "Impounded" Birth Certificate) it will show the names(s) of your biological parents (how we trace you to our 1937 Base Roll), and
 - c) An "Amended" Birth Certificate that shows your 'adoptive name' and your adoptive father and/or mother's name on it, must be received **BEFORE** the enrollment process can begin.

4. Remember to DATE and SIGN your Tribal Enrollment Application. If you are under the age of eighteen (18), this line must be filled in by your Father or Mother. **DO NOT** leave this line blank

5. If this is a sponsored application, the name of the agency and the name of the official who is in charge of the minor child should sign the enrollment application.



APPLICATION FOR TRIBAL MEMBERSHIP ENROLLMENT

CHECK LIST

PLEASE READ CAREFULLY

Complete the attached application to the best of your knowledge. In order for this application to be reviewed in a timely manner at an upcoming Enrollment Committee Meeting the following documents **MUST** be submitted:

- ☐ Completed Application for Tribal Enrollment
- ☐ Notary Sign and Dated
- ☐ Completed Family Tree
- ☐ Original State Issued Birth Certificate
- ☐ Copy of the Original Social Security Card
- ☐ Permission Form
- ☐ Copy of Marriage Certificate of Parents
- ☐ DNA analysis* or ☐ Paternity *

If applies:

- ☐ Adoption Decree or Report of Adoption Attached
- ☐ Legal Guardianship Documents Attached
- ☐ Legal Guardianship or Adoption Documents ** **If Applicable**

All Incomplete applications will be considered Incomplete after 90 days of no response of requested documents.

"ALL BURDEN OF PROOF IS ON THE LEGAL GUARDIAN/Applicant."

Please keep Enrollment updated with current address and phone number by: phone call, in-person, or email/US Postal as we may need to contact you for all enrollment information.

Mii-Gwetch!



APPLICATION FOR TRIBAL ENROLLMENT

APPLICANT - VITAL INFORMATION ORIGINAL BIRTH CERTIFICATE & COPY OF SOCIAL SECURITY CARD MUST BE SUBMITTED WITH THIS APPLICATION IN ORDER TO BE CONSIDERED "COMPLETE" BEFORE PROCESSING.

Application **MUST BE** complete. DO NOT LEAVE BLANK: If you don't know write N/A.

All Incomplete applications will be considered Incomplete after 90 days of no response of requested documents.

✿ "ALL BURDEN OF PROOF IS ON THE LEGAL GUARDIAN/Applicant." ✿

Date: _____ Daytime Phone#: (_____) _____ Cell Phone#: (_____) _____

Applicant Name: _____

FIRST

MIDDLE

LAST

Maiden/Sr., Jr., III

Other names: _____ Native Name: _____

Applicant Mailing Address: _____

PO BOX/ROUTE #

CITY

STATE

ZIP CODE

Applicant Physical Address: _____

(If different from mailing)

CITY

STATE

ZIP CODE

Applicant Date of Birth: _____ Applicant Social Security #: _____ -- _____ -- _____
Month/Day/Year

Applicant Place of Birth _____ Applicant E-Mail Address: _____

1.) Base Roll Ancestor: _____
(See Instruction Sheet). English Name Native Name Base Roll # Relationship

2.) Degree of Indian blood claimed (See Instruction Sheet).

Sokaogon Chippewa Tribe

Other (Tribe & Degree)

Total Blood Quantum

- ☉ Is either of your parents enrolled as a member of another tribe? Yes: ____ No: ____
- ☉ If yes, which parent and with which tribe? _____
- ☉ Is Applicant an Adopted child? Yes: ____ No: ____
- ☉ Is Applicant enrolled with another tribe? Yes: ____ No: ____
- ☉ Is Applicant a descendant of a member of the 1937 Base Roll? Yes: ____ No: ____

3. ORIGINAL CERTIFICATE OF LIVE BIRTH AND PARENTAGE MUST BE SUBMITTED WITH TRIBAL ENROLLMENT APPLICATION (See Instruction sheet).

4. Date: _____ Sign: _____
Signature of Adult Applicant or Sponsor

5. If sponsored application, relationship of sponsor to applicant: _____

Sokaogon Chippewa Community

Tribal Enrollment Department

3051 Sand lake Rd.

Crandon, WI 54520

www.sokaogonchippewa.com

Applicant/Sponsor Agreement I, undersign, hereby certify under penalty of perjury that the information written in the Application of Enrollment with the Sokaogon Chippewa Community is true, correct and complete to the best of my knowledge. I understand and acknowledge that if my application for enrollment with the SCC 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 Sokaogon Chippewa Community.

Mother Printed name	Mother's Signature	Date
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Father's Printed name	Father's Signature	Date
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Sworn to and subscribed to before me this _____ day of _____ 2022.

(Seal)

Notary's Signature

Expiration Date

☐ Complete Application or ☐ Incomplete Application

THIS SECTION FOR SOKAOGON CHIPPEWA TRIBAL ENROLLMENT STAFF USE ONLY

Enrollment Staff: Please copy all original documents submitted with this application. Date stamp all copies.

Original Birth Certificate Submitted: ☐ Date: _____ Copy of Social Security Card Submitted: ☐ Date: _____

Other Document(s) Submitted: _____ Date: _____

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This office requires these tribal enrollment applications to have an ORIGINAL Certificate of Live Birth. WILL NOT be accepted. If the Certificate of Live Birth lists the mother only, and she is non-Native American, the father's Native American blood is needed for tribal enrollment, a Statement of Paternity (DNA) must be included with tribal enrollment application, along with amended Certificate of Live Birth with father's name on it (see SCC tribal enrollment application instructions sheet.)

ALL adult applicants must sign their own enrollment application.

The SCC tribal enrollment department is available Monday through Thursday, morning business hours are 7:00-12:00 A.M. & 1:00-5:00 P.M. (CLOSED on all tribal/federally recognized holidays) to answer any questions you may have and can assist with obtaining forms (including birth, death, marriage, divorce certificates) at your request.

OR

Call the Enrollment department at (715) 478-7512, please leave your name, telephone number, and reason why you are calling, and your phone call will be returned as soon as possible.

In executing the forgoing application and making the statements therein set forth and attached thereto, I am fully aware of the provisions of U.S.C., Title 18, section 1001, Ch. 47, providing in effect that any person or persons in connection with any matter within the jurisdiction of any department or agency of the United States who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or representation, or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined no more than \$10,000 or imprisoned no more than five years, or both.

Do Not Write Below This Line

Recommendation of Tribal Enrollment Committee

_____ Approve

_____ Denied Because _____

Date: _____

Signature of Tribal Enrollment Committee Chair

Action by SCC Tribal Council

_____ Approve

_____ Denied Because _____

Vote: _____ FOR _____ AGAINST

Date of Meeting: _____**Signature of SCC Tribal Council Chair**

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www.sokaogonchippewa.com**APPLICANT – LEGAL GUARDIAN(S) INFORMATION**Does the applicant have a legal guardian? Yes ☐ No ☐**If yes, legal court document must be submitted with this application.**

Legal Guardian(s) of Applicant: _____

Legal Guardian(s) Mailing Address: _____

☐ Check here if same as applicant PO BOX/ROUTE # CITY STATE ZIP CODE

Legal Guardian(s) Physical Address: _____

☐ (Check here if different from mailing) CITY STATE ZIP CODE☐ If same as applicant Daytime Phone#: (_____) _____ Email Address: _____**LEGAL ADOPTION INFORMATION**Has the Applicant been legally adopted? Yes ☐ No ☐**If yes, legal court document(s) must be submitted with this application.**Has the Applicant's birth certificate been amended due to adoption? Yes ☐ No ☐**If yes, amended birth certificate and social security card with name change must be submitted with this application.**

Adoptive Parent(s) of Applicant: _____

Adoptive Parent(s) Mailing Address: _____

☐ Check here if same as applicant PO BOX/ROUTE # CITY STATE ZIP CODE

Adoptive Parent(s) Physical Address: _____

☐ (If different from mailing) CITY STATE ZIP CODE☐ Check here if same as applicant

Daytime Phone#: (_____) _____ Email Address: _____

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

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 It will not be added to Blood Quantum.

-If you are the LEGAL GUARDIAN:

-If you are the parent/s who has 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 application is processed, the application may not be pulled as minor children cannot relinquish until they are 18.**

Mother Printed name

Mother's Signature

Date

Father's Printed name

Father's Signature

Date

Sworn to and subscribed to before me this _____ day of _____ 2022.

(Seal)

Notary's Signature

Expiration Date

Family Tree
Codes
437= SCC

SOKAOGON CHIPPEWA COMMUNITY ENROLLMENT

Family Tree Chart

