



# Sokaogon Chippewa Community

Tribal Enrollment Department/Tribal Enrollment Committee

## SCC Application for Tribal Enrollment Instruction Sheet

For your convenience, the Sokaogon Chippewa Community/Tribal Enrollment Department has prepared this SCC Application for Tribal Enrollment (ATE) 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/Tribal Enrollment Committee will review all the documentation submitted by each applicant, after the Application for Tribal Enrollment (ATE) is reviewed, notification will be sent to the applicant regarding acceptance or denial into the Sokaogon Chippewa Community Tribe.

### 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 or Father's name.

*Base Roll Number:* Most applicants do not know their ancestor's roll number. Therefore, this line can be left blank and, with your permission, the SCC Enrollment Department, will fill this line in for you. If you know your ancestor's roll number, please fill in this line.

*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 Native American/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/Tribal Enrollment Committee will need documentation, from that Tribe, that shows what degree of Native American/Indian Blood the applicant has from that Tribe. Also the documentation will 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 ATE application form—each applicant must submit the **ORIGINAL CERTIFICATE OF LIVE BIRTH**.

The Tribal Enrollment Department/Tribal Enrollment Committee will need to verify the parents of each applicant

- a) If the child is born-out-of-wedlock, a DNA analysis 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 of your biological parents (how we trace you to our 1937 Base Roll), and
- c) An "Amended" Birth Certificate will show your 'adoptive name' and your adoptive mother and/or father's name on it, must be received **BEFORE** the enrollment process can begin

4. **Remember to DATE and SIGN your Application for Tribal Enrollment.**

5. **If a sponsored application, relationship of sponsor to applicant (person who filled out application for tribal enrollment for you). If you are under the age of eighteen (18), this line must be filled in by an adult, such as your enrolled parent, or a Social Service Agency (with court ordered documents).**



**Sokaogon Chippewa Community**  
Tribal Enrollment Department  
3051 Sand lake Rd.  
Crandon, WI 54520

www.sokaogonchippewa.com



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





[enrollment@scc-nsn.gov](mailto:enrollment@scc-nsn.gov)\*\*[dora.mcgeshick@sccc-nsn.gov](mailto:dora.mcgeshick@sccc-nsn.gov)

The Sokaogon Chippewa Community (SCC) Enrollment Dept. is required, by and through the authority of the Tribal Membership Ordinances (TMO), that these Applications for Tribal Enrollment (ATE) include an Original Certificate of Live Birth; no other document will be accepted. Therefore, if the Certificate of Live Birth lists only the non-Native mother: not only is the enrolled father's Native American blood required for tribal enrollment; a Statement of Paternity (DNA) is also included. For adoption and/or guardianship applicants, these person's documents must submit an amended Certificate of Live Birth with the enrolled father's name on it (see SCC tribal enrollment applications instruction sheet).

ALL Adult Applicant's must Sign their own applications.

The SCC Tribal Enrollment Department is available Monday through Thursday, from 7:00 A.M. to 12:00 Noon 1:00 P.M. to 5:00 P.M. (Closed on all Tribal/Federally recognized holidays) to answer questions that relate to your applications and documents requested and submitted.

OR

Call the SCC Enrollment Department at (715) 478-7512, please leave your name, telephone number; as our communications can also serve to expedite both your and our paperwork for all your application paperwork.

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(s) in connection with any matter within the jurisdiction of any department or agency of the United State 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 to contain any false, fictitious or fraudulent statement or entry, shall be fined no more than \$10,000 or imprisoned no more than five (5) years, or both.

Do Not Write Below This Line

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Recommendation of Tribal Enrollment Committee

Approve

Denied Because: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Signature of Tribal Enrollment Committee Chair

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Action by SCC Tribal Council

Approve

Denied Because: \_\_\_\_\_  
\_\_\_\_\_

VOTE:  FOR  AGAINST  ABSTAIN

Date of TC Meeting: \_\_\_\_\_

Signature of SCC Tribal Chairman

Family Tree

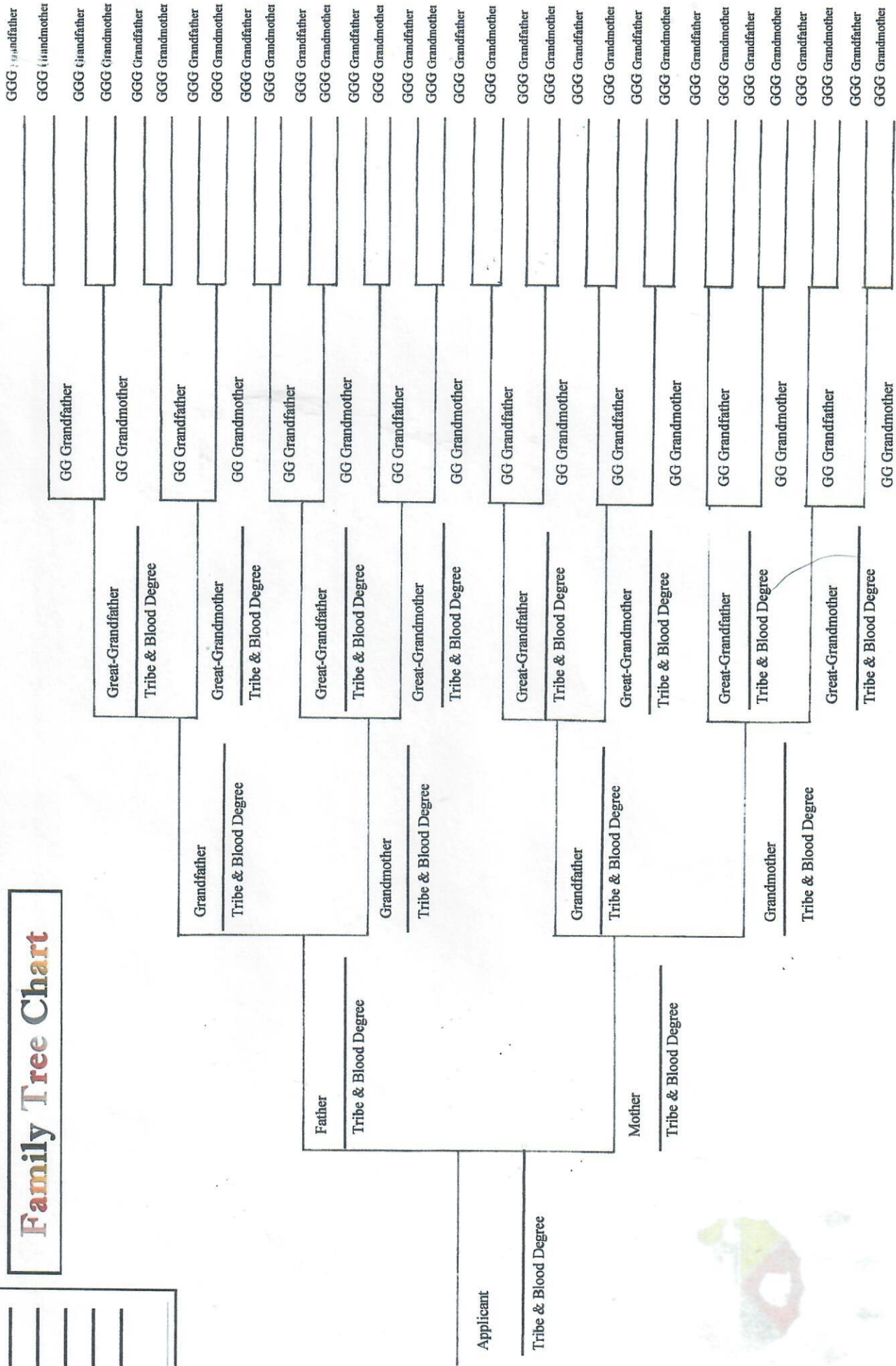
Codes

437= SCC

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

SOKAOGON CHIPPEWA COMMUNITY ENROLLMENT

Family Tree Chart







*Sokaogon Chippewa Community*

3051 Sand Lake Road, Crandon, WI 54520

Phone: (715) 478-7500 \* Fax: (715) 478-5275

*www.sokaogonchippewa.com*



# NEXT IN-ORDER

Place Here Your:

- 1. Original Birth Certificate**
- 2. Original Social Security Card**

**Ga-na-waji Ga-wi-nug Way-ji-mooki-ji-wung Yi-ewe-meing-gun-a-sepii**



# Sokaogon Chippewa Community

## Tribal Enrollment Dept.

3051 Sand Lake Road, Crandon, WI 54520  
Phone: (715) 478-7512\*\*\*Fax: (715) 873-9924



### TRIBAL ENROLLMENT Application

### Permission Form

DATE: \_\_\_\_\_

I, \_\_\_\_\_, give Gloria DeCorah-Toybo/Enrollment Director and Dora McGeshick/Enrollment Assistant (w/initials), permission to complete Sections 1 and Section 2 of the Enrollment Application; and fill in the Blood Quantum on all parts of the "Application for Tribal Enrollment" where they may be required, as it is/may be Information that I do not know/have, for my;

Daughter/Son: \_\_\_\_\_

\_\_\_\_\_

Signed by Parent/Guardian: \_\_\_\_\_





**Sokaogon Chippewa Community**  
*Tribal Enrollment Department*



3051 Sand Lake Road, Crandon, WI 54520  
Phone: (715) 475-7512 \*\*\* Fax: 715-873-9924

[enrollment@scc-nsn.gov](mailto:enrollment@scc-nsn.gov) \* [dora.mcgeshick@scc-nsn.gov](mailto:dora.mcgeshick@scc-nsn.gov)

**UNTIL FURTHER NOTICE:**

**There will be NO Fee for a Current Tribal ID Card.**

There will be a FEE for the NEXT Requested Tribal ID Card.

**Tribal Identification Card Application (TICA): Information**

\*\*\*\*\*

TODAY'S DATE: \_\_\_\_\_

ATTACH SSN/BC COPY: \_\_\_\_\_

DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE MOVED IN: \_\_\_\_\_

\_\_\_\_\_

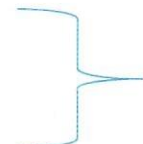
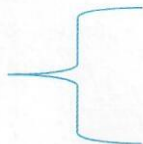
PHONE/CELL: \_\_\_\_\_

\_\_\_\_\_

PRINT NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**SIGNATURE: SIGN with Black Pen, Between Brackets { } Below, DO NOT Write on Words/Lines**



\*\*\*\*\*

HEIGHT

WEIGHT

HAIR COLOR

EYE COLOR

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

Take "PHOTO" of "Head and Shoulders" with a CLEAR White BACKGROUND with a Cell Phone/Camera and email to [enrollment@scc-nsn.gov](mailto:enrollment@scc-nsn.gov)

ALL INFORMATION IS SCANNED INTO COMPUTER SOFTWARE FOR "Tribal ID"

**Thank  
You**

<u>Sokaogon Chippewa Community/Enrollment Department Office Use Only</u>		
Verified By: _____		
Given: _____	Sent: _____	





## Sokaogon Chippewa Community/Tribal Enrollment Dept.



Office Hour: Monday – Thursday: 7:00 AM – Noon & 1:00 PM – 5:00 P.M.

ON/OFF Reservation: Call for **APPOINTMENT, This Time is for You.**

### Tribal ID Card (1<sup>st</sup> Only) is FREE:

Until Further Notice by SCC Tribal Council

#### Instructions for Tribal ID Application (TICA)

Applicant for a Sokaogon Chippewa Community Tribal ID Card MUST be an enrolled Tribal Member of the Sokaogon Chippewa Community (SCC).

- + Fill out completely the TICA Application and SIGN
- + In Person:
  - 1) The Tribal ID Card is processed & printed in the Tribal Enrollment Department,
  - 2) That is located within the Administration Building, at 3051 Sand Lake Road, Mole Lake, Wisconsin.
- + Out-of-Towners:
  - 1) Send your Completed Tribal ID Card (TICA) Application by either U. S. Postal Service or by email to our email in the top portion of this TICA
  - 2) Send a Clear ‘ Head and Shoulders’ photo, that is taken with Cell Phone/Camera against a ‘White/Lt. Blue’ wall, to either [enrollment@scc-sn.gov](mailto:enrollment@scc-sn.gov) or [dora.mcgeshick@scc-nsn.gov](mailto:dora.mcgeshick@scc-nsn.gov)
  - 3) Send by:
    - a) U.S. Postal Service: A CLEAR white-background photo can be easily scanned into our Enrollment Dept. software.
    - b) Email: IDENTITY INFORMATION email, a ‘copy’ of your SSN Card & Birth Certificate – You Need to Identify Yourself.

Updated Tribal ID Cards, will have an expiration date of five (5) years, as required by the U.S. Department of Homeland Security (USDHS Standards). Example: A Tribal ID Card that is printed on 02-26-2025, will expire on 02-26-2030.

THANK

YOU



**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

\_\_\_\_\_  
Father's Printed name

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

Sworn to and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_ 2022.

\_\_\_\_\_  
Notary's Signature

(Seal)

\_\_\_\_\_  
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: \_\_\_\_\_





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

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**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.**

_____	_____	_____
<b>Mother Printed name</b>	<b>Mother's Signature</b>	<b>Date</b>
_____	_____	_____
<b>Father's Printed name</b>	<b>Father's Signature</b>	<b>Date</b>

**Sworn to and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_ 2022.**

**(Seal)**

\_\_\_\_\_  
**Notary's Signature**

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