



Ho-Chunk Nation
Office of Tribal Enrollment

TRIBAL MEMBER REQUEST FOR INFORMATION

REQUESTOR INFORMATION

Name:	Phone (___ ___ ___) ___ ___ ___ - ___ ___ ___
-------	---

DOB: ___/___/___	SSN: XXX-XX-___	TID: 439A00 ___
------------------	-----------------	-----------------

** If you are requesting information for your minor child(ren), please fill out the section below **

INFORMATION REQUESTED (check box)

<input type="checkbox"/>	Certified Degree of Indian Blood (CDIB)	<input type="checkbox"/>	Tribal Identification Card (must pay \$10 and photo & signature updated within the last 5 years)
<input type="checkbox"/>	Family Tree	<input type="checkbox"/>	Verification of Residence
<input type="checkbox"/>	HoCak Worak Newsletter	<input type="checkbox"/>	Other:

Explain Other:

** REQUEST FOR MINOR INFORMATION **

Childs Name	DOB	Last 4 of TID #	Last 4 of SS #	Relationship to Child

Continue on back if necessary.

****Information WILL NOT be sent to a third party****

NOTE: Due to confidentiality purposes, the Office of Tribal Enrollment will not release a Tribal Member's social security number.

Signed _____ / _____ Date: _____
Print Name Signature