Ho-Chunk Nation
Office of Tribal Enrollment

TRIBAL MEMBER REQUEST FOR INFORMATION

REQUESTOR INFORMATION

Name:	Phone #:

TID: 439A00	SSN: XXX-XX-	DOB:
** If you are requesting information for your minor child(ren), please fill out the section below **		

INFORMATION REQUESTED (check box)

	Certified Degree of Indian Blood (CDIB)		Tribal ID Number
	Family Tree		Verification of Residence
	HoCak Worak Newsletter		Other:
	Per-Capita Income Verification Time Period: From __ __ /__ __ __ __ to ____/__ __ __ __		

REQUEST FOR MINOR INFORMATION

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

****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 identification number or their social security number without their written consent.

Signed _____ / _____ Date: _____

Print Name Signature

W9814 Airport Road/PO Box 129, Black River Falls, WI 54615
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