HO-CHUNK NATION

Office of Tribal Enrollment

TRIBAL MEMBER REQUEST FOR ENROLLMENT INFORMATION FORM

Tribal ID # 439A00_____ Last 4 #'s of SSN:_____DOB: _____

I, _____am requesting one of the following:

	CDIB (Certified Degree of Indian Blood)		**Family Tree**
	Copy of Social Security Card		**Verification of Residence**
	Tribal ID Number		**HoCak Worak Newsletter**
	***Per-capita Income Verification**		
	***Time period:**		
	Other: (If requesting information for minor children please state your relationship to the child, the Childs: Name, DOB, Tribal ID # and Last four (4) of SSN for each child.)		

Signature		**Date**	

3/13/2014