



HO-CHUNK NATION

Heritage Preservation Archives - Enrollment

Tribal Enrollment Application Request

The Application Request Form may be accessed on the Ho-Chunk Nation website.

Date of Request: _____ Enrollment Specialist Enrollment Receptionist

Please PRINT

Applicant's Full Name: _____

Applicant's Date of Birth: _____

Applicant's Full Name: _____

Applicant's Date of Birth: _____

Applicant's Full Name: _____

Applicant's Date of Birth: _____

Sponsor Information (Check legal relationship to minor child)

Mother Maternal grandparent Other: _____

Father Paternal Grandparent (if applicable) Sponsor Enrollment #: _____

Sponsor Name: _____ Phone Number: _____

Requestors Mailing Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____
Applicant/Sponsor signature

Office of Tribal Enrollment Use Only

Request Received: _____ Application mailed Certified: _____ Application # _____
Date

Signature: _____ Title: Enrollment Specialist / Receptionist
Date