



Ho-Chunk Nation  
Office of Tribal Enrollment

TRIBAL MEMBER REQUEST FOR INFORMATION

REQUESTOR INFORMATION

Name:	Phone ( ___ ___ ) ___ ___ - ___ ___
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DOB: ___ / ___ / _____	SSN: XXX-XX- _____	TID: 439A00 _____
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EMAIL ADDRESS: _____	<input type="checkbox"/> Mail / Email	<input type="checkbox"/> Pick Up
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\*\* If you are requesting information for your minor child(ren), please fill out the section below \*\*

INFORMATION REQUESTED (check box)

Allow at least 24 hours for processing.

<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:

Purpose of request:


\*\* 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. Tribal Members 18 years and older must request their own information.

Signed \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name Signature