Ho-Chunk Nation
Office of Enrollment
Information Request Form

Birthdate: ☐☐-☐☐-☐☐☐☐ **SSN:** XXX-XX-☐☐☐☐ **Tribal ID Number:** 439A00☐☐☐☐

Name:

Requestor Contact Information

Phone Number: Email:

When possible how would you like your information sent? ☐ Email ☐ Mail ☐ Pick-Up

Mailing Address

Address Country

City State Zip Code County

Physical Address *Cannot be a P.O. Box, must be a physical address.*

Address Country

City State Zip Code County

Information Request → ☐ **Adult** ☐ **Dependent(s)** ☐ **Both**

☐	CDIB Certificate Degree of Indian Blood	☐	Name Change	☐	Other Expand in the box below
☐	Change of Address	☐	Newsletter - Hocak Worak		
☐	Family Tree	☐	Tribal ID		

Bio Info for Adult Tribal ID
Dependent/ minor information can be entered on page 2

Height: Weight: Hair Color: Eye Color:

3rd Party Release of Information

Name: Fax, Email, or Address:

Notice to requestor: The Ho-Chunk Nation Discovery Act generally prohibits disclosure of information in proceedings where the Ho-Chunk Nation is not a party without the prior written approval of the Ho-Chunk Nation Attorney General and a notarized release of information from the Tribal Member. Tribal Member information is highly confidential and without such approval and notarized release, the Ho-Chunk Nation cannot release such information as requested. In addition, by signing below the requestor releases the Ho-Chunk Nation Office of Tribal Enrollment from any responsibility for lost, stolen, or damaged tribal member identity cards and information.

Print Name Sign Name Date

Certificate of Notary Public Stamp

In the State of _____, County of _____, this document was signed before on this ____ day of _____, in the year _____

Notary Signature: _____

Commission Expires: _____

Ho-Chunk Nation
Office of Enrollment
Information Request - Dependent Form

*2 of the 3 highlighted columns must be filled to process any dependent request.

	Dependent Name	Date of Birth	Last 4 of Tribal ID#	Last 4 of SSN	Relationship with dependent
1					
2					
3					
4					
5					
6					

Only for Tribal ID Cards

	Height	Weight	Hair Color	Eye Color	Dependent Signature
1					
2					
3					
4					
5					
6					

If requesting tribal ID cards for a dependent(s) please include the following:

- Copy or photo of valid ID for dependent (Original birth certificate, passport, State ID, etc)
- Photo of dependent showing entire face and some shoulders against plain background.

This form must be accompanied by the Ho-Chunk Office of Enrollment Information Request form.

Print Name _____ Sign Name _____ Date _____

Certificate of Notary Public Stamp

In the State of _____, County of _____, this document was signed before on this ____ day of _____, in the year _____

Notary Signature: _____

Commission Expires: _____

P.O. Box 129 | W9814 Airport Road, Black River Falls, WI 54615
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