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
(715) 284-7634 Fax | (800) 331-7824 | (715) 284-7824 | enrollmentinfo@ho-chunk.com

Instructions For: INFORMATION REQUEST FORM

This form is to request documents or updates from the Ho-Chunk Office of Enrollment.

Section: Personal Information

Birthdate
Write your full date of birth in MM/DD/YYYY format.

SSN
Write the last four digits of your Social Security Number.

Tribal ID Number
Write the last four digits of your Tribal ID number.

Name
Write your full legal name.

Section: Requestor Contact Information

Phone Number
Write the best number to reach you.

Email
Write an email address you check often.

Preferred Delivery
Choose how you prefer to receive your information. Preferred methods may not always utilized due to printing mediums and security policies. Both Family Trees and Tribal IDs are mailed upon completion. Additional information requested in "Other" section may also be subject to delivery restrictions due to security.

Section: Mailing Address

This refers to the address where you receive mail. This will be used to update your address on file with our office. Write your current mailing address.

Section: Physical Address

This refers to the address where you currently reside. This address is displayed on your Ho-Chunk Nation Tribal ID and is used to determine your voting district. This will be used to update your address on file with our office. Write the address you currently physically reside at. *This cannot be a P.O. Box.*

Section: Bio Info for Tribal ID

Height: Write your height using imperial measurements feet and inches (Example: 4'11" or 5'7").

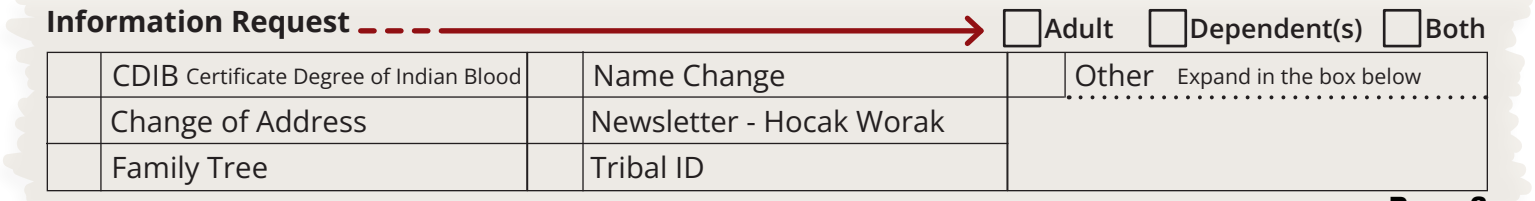
Weight: Write your weight using the imperial measurements of pounds (Example: 230 lbs).

Hair Color: Options include black, blonde, brown, gray, red, sandy, or white.

Eye Color: Options include black, blue, dichromatic, gray, green, hazel, pink.

Section: What Are You Requesting?

On page 1, in area pictured below, please choose "Adult", "Dependents", or "Both". Below that, check all the boxes that apply for services you wish to receive



Section: What Are You Requesting? (Continued)

Check all the boxes that apply.

CDIB – *Certificate Degree of Indian Blood*. Shows name, enrollment status, enrollment number and blood quantum.

Change of Address - To indicate that you are needing your address (submitted above as ***Mailing Address*** and ***Physical Address***) to be updated with our office.

Family Tree – Specific to a family tree, for other genealogical requests please use "Other" section.

Name Change – Legal update, needed to change name in your record and have reflected in future documents such as CDIB, address verification, and Tribal ID cards. Enter your new name in the "other" box. Submit form with a legible copy of social security card with new name, and a copy of the following relevant documents *Certified Marriage Certificate, **Divorce Decree, **Court Order.

* Keep in mind when submitting a certified marriage certificate, it cannot be a copy and it is something the Enrollment Office keeps to put in your record.

** If submitting a divorce decree or court order it needs to be legible and state the name change.

Newsletter – For enrolled Ho-Chunk Nation tribal members to sign up for the Hocak Worak.

Tribal ID – Replacement or new card. To request an ID, ***you must include:*** legible scan or photo of **valid ID** (driver's license, state ID, passport, birth certificate), **photo of self** taken within the last 6 months: include full head, direct view of face and shoulders, with a clear background.

Other – For requests not easily put into the above boxes. Please expand in the box or attach an additional document explaining your request.

Section: 3rd Party Release (If Needed)

If you want the Ho-chunk Nation Office of Enrollment to directly release information you have requested ***to a party other than yourself***, fill in their name and contact info.

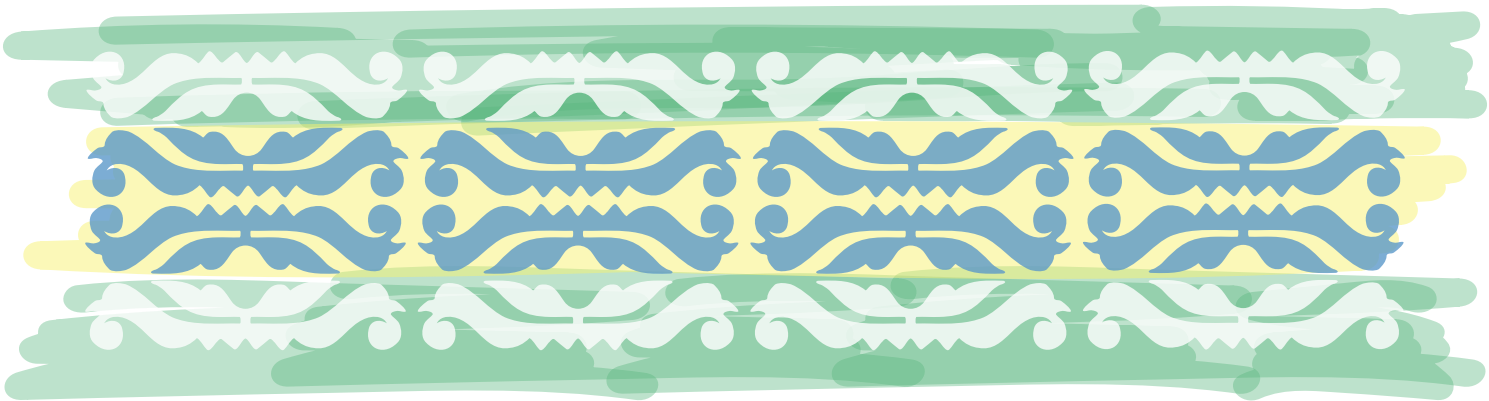
Section: Signature and Notary

Print Name / Sign Name / Date

In front of a Notary Public as witness, sign your name, print your name, and write the date.

Notary Section

A notary public will complete this part.



Instructions For: DEPENDENT APPLICATION FORM

These instructions will guide you step-by-step to complete the Ho-Chunk Nation Dependent Application Form. Please note that this form ***must be submitted with the INFORMATION REQUEST FORM*** to be accepted and processed by the Ho-Chunk Nation Office of Enrollment.

Section: Dependent Information (Top Table)

At least 2 out of the 3 columns (Tribal ID, SSN, and Date of Birth) must be filled out to process *any request* for dependents.

Dependent Name

Write your dependent's full name as listed on their birth certificate or ID. One name per row.

Date of Birth

Write your dependent's birth date (month/day/year) in the format of MM-DD-YYY.

Last 4 of Tribal ID#

If you don't know the last 4 digits of your dependent's Tribal ID, skip this part but make sure to fill out either this or the SSN.

Last 4 of SSN

If you don't know the last 4 digits of your dependent's Social Security Number, skip this part but make sure to fill out either this or the Tribal ID#.

Relationship with Dependent

Write how you are related to this person, i.e. son, daughter, grandchild, stepchild, legal guardian

Section: Dependent ID Card Request (If Applicable)

If you are requesting a Tribal ID card for your dependent, ***you must include for each applicant***:

- Legible scan or photo of a **valid ID for requestor** (drivers license, state ID, passport).
- Scan or photo of a **valid ID for the dependent** (birth certificate, passport, state ID).
- **Photo of the dependent**: full head, direct view of face and shoulders, clear background.

Section: Physical Description (Bottom Table)

Height

Write how tall they are using imperial measurements feet and inches (Example: 4'11" or 5'7")

Weight

Write how much they weigh using the imperial measurements of pounds. Estimate if you are unsure.

Hair Color

Select one of the following that best describes their current hair color: black, blonde, brown, gray, red, sandy, or white

Eye Color

Select one of the following that best describes their eye color: black, blue, dichromatic, gray, green, hazel, pink.

Dependent Signature

If the dependent is able, have them sign this line. If they are unable, please enclose additional document with their signature and labeled with their name. This signature will appear on their Tribal ID card.

Section: Signature and Notary

Print Name / Sign Name / Date

In front of a Notary Public as witness, sign your name, print your name, and write the date.

Notary Section

A notary public will complete this part.