



Ho-Chunk Nation Office of Enrollment  
Tribal Enrollment Application Request Form

**Requestor Information:**

Date of Request: \_\_\_\_\_  Mail  Pick-Up

Name: \_\_\_\_\_ Tribal ID#: 439A00 \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Please Print:**

Applicant's Full Name: \_\_\_\_\_ Applicant's DOB: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_ Applicant's DOB: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_ Applicant's DOB: \_\_\_\_\_

**Sponsor Information:**

Sponsor's Name (if different from requestor's): \_\_\_\_\_

Tribal ID#: 439A00 \_\_\_\_\_

Check legal relationship to minor child applicant:

Mother  Maternal Grandparent

Other: \_\_\_\_\_  Father  Paternal Grandparent

**Applicant's Address (If different than above):**

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Applicant/Sponsor's Signature*

Office of Tribal Enrollment Use Only:

Request Rec'd: \_\_\_\_\_ App. Mailed: \_\_\_\_\_ App. No.: \_\_\_\_\_

Date: \_\_\_\_\_ Initial: \_\_\_\_\_