



FOREST COUNTY POTAWATOMI
ENROLLMENT
PO Box 340 | Crandon, WI 54520
(715) 478-4915

FOREST COUNTY POTAWATOMI COMMUNITY APPLICATION FOR ENROLLMENT INSTRUCTIONS

Enrollment does NOT accept faxed or emailed applications.

1. Complete application.
2. Include all required documents with application, along with your **original** social security card and **original** certified birth certificate.
3. DNA Testing is a requirement for the enrollment application. The applicant or parent/guardian is responsible for the cost of the DNA Test.
 - DNA Diagnostics Center (DDC) is the approved DNA testing company.
 - You may contact DDC at 800-319-9099 to set up a case number, appointment and to make payment arrangements for the DNA Test with DDC. The price of testing starts at:
 - Trio (mother, one child, alleged father) \$295
 - Additional person \$95
 - DDC will set up your appointment at an approved collection site (FCPC Enrollment Department or approved testing site with DDC for testing outside of the 75-mile radius) with the date and time. Failure to show up on the scheduled date will result in a \$50 late fee. Late fee will need to be paid in full by applicant or parent/guardian before another appointment is scheduled.
 - DNA Testing Results will be sent to the FCPC Enrollment Department. Once results are received by the Enrollment Department, the DNA Test Report will be forwarded to the Enrollment Committee as part of your Enrollment Application packet.
4. Please complete the family tree tracing your lineal ancestor to the:
 - April 1, 1934 Wisconsin Potawatomi Census Roll
 - January 1, 1936 Supplemental Wisconsin Potawatomi Census Roll
 - February 6, 1937 Wisconsin Potawatomi Census Roll
 - If you need assistance in completing your family tree, please call the Enrollment Department at (715) 478-4915.
5. If the applicant has been adopted, please provide adoption papers along with the original impounded birth certificate.
6. Court order(s) (if applicable) – Any court order(s) pertaining to the name changes, adoptions, custody must be attached.
7. Applicant UNDER age 18 – Both parents must sign the affidavit (see page 9). Exceptions may be made, provided a custody order is attached stating only one parent has custody. In the case neither parent has custody the legal custodian/guardian must sign the Statement of Certification and Parental/Guardian affidavit.
8. Applicant OVER the age of 18 – must sign and submit their own application/documents.
9. Burden of Proof – The burden of proof is always on the applicant/parent/guardian to provide the appropriate documentation to the Enrollment Department.
10. Incomplete applications will be held for 90 days from receipt of application. After 90 days of inactivity, the enrollment application will be returned to the sender and the enrollment process must be restarted.



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REQUIRED DOCUMENTS

| | |
|--|---|
| <input type="checkbox"/> | Complete Enrollment Application |
| <input type="checkbox"/> | Family Tree / Record of Genealogy |
| <input type="checkbox"/> | <u>Original</u> Certified Birth Certificate |
| <input type="checkbox"/> | <u>Original</u> Social Security Card |
| <input type="checkbox"/> | <u>Original</u> DNA Testing Results |
| <i>Additional Document(s) (if applicable):</i> | |
| <input type="checkbox"/> | Adoption Papers |
| <input type="checkbox"/> | Impounded <u>Original</u> Birth Certificate(s) |
| <input type="checkbox"/> | Parental Affidavit (If applicant is a minor) |
| <input type="checkbox"/> | Court Order of Guardianship |
| <input type="checkbox"/> | Death Certificate |
| <input type="checkbox"/> | <u>Original</u> Marriage Certificate |
| <input type="checkbox"/> | Church Records and/or Baptismal Records |
| <input type="checkbox"/> | Certificate of Degree of Indian or Alaska Native Blood (CDIB) |



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FOREST COUNTY POTAWATOMI COMMUNITY ENROLLMENT APPLICATION

| APPLICANT (Please Print) | | |
|--|---|---------|
| Last: | First: | Middle: |
| Maiden/Other Name: | Date of Birth: | Gender: |
| Indian Name (if applicable): | Social Security No: | |
| Address: | | |
| City: | State: | Zip: |
| Primary Phone: | Secondary Phone: | |
| Email: | | |
| Marital Status: | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | |
| Has the applicant been adopted? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Has the applicant <u>ever</u> been an enrolled member of <u>any</u> federally recognized tribe? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If so, please complete the following: | | |
| Name of Tribe: | Blood Degree: | |
| If the applicant is not enrolled with a federally recognized tribe, does the applicant have any blood degree from a federally recognized tribe other than FCPC? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If so, please complete the following: | | |
| Name of Tribe: | Blood Degree: | |
| RELATIONSHIP TO THE APPLICANT | | |
| What is your relationship to the applicant? | | |
| <input type="checkbox"/> Applicant <input type="checkbox"/> Parent of applicant under the age of 18 (complete below section) <input type="checkbox"/> Guardian of applicant (complete below section) | | |
| Last: | First: | Middle: |
| Date of Birth: | | |
| Address: | | |
| City: | State: | Zip: |
| Primary Phone: | Secondary Phone: | |
| Email: | | |



FOREST COUNTY POTAWATOMI

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| BIOLOGICAL MOTHER (Please Print) | | | | | |
|---|--|---|---------------------|---------|--|
| Last: | | First: | | Middle: | |
| Maiden/Other Name (if applicable): | | | Date of Birth: | | |
| Indian Name (if applicable): | | | Social Security No: | | |
| Address: | | City: | | State: | Zip: |
| Primary Phone: | | Secondary Phone: | | Email: | |
| Marital Status: | | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | | | |
| Is the applicants biological mother an enrolled member of a federally recognized tribe? | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If so, please complete the following: | | | | | |
| Name of Tribe: | | | Blood Degree: | | |
| Does the applicant's biological mother have any other blood degree from a federally recognized tribe other than FCPC? | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If so, please complete the following: | | | | | |
| Name of Tribe: | | | Blood Degree: | | |
| BIOLOGICAL FATHER (Please Print) | | | | | |
| Last: | | First: | | Middle: | |
| Maiden/Other Name (if applicable): | | | Date of Birth: | | |
| Indian Name (if applicable): | | | Social Security No: | | |
| Address: | | City: | | State: | Zip: |
| Primary Phone: | | Secondary Phone: | | Email: | |
| Marital Status: | | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | | | |
| Is the applicants biological father an enrolled member of a federally recognized tribe? | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If so, please complete the following: | | | | | |
| Name of Tribe: | | | Blood Degree: | | |
| Does the applicant's biological father have any other blood degree from a federally recognized tribe other than FCPC? | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If so, please complete the following: | | | | | |
| Name of Tribe: | | | Blood Degree: | | |



| TRIBAL AFFILIATION | |
|---|--|
| Do the Ancestor(s)* of the applicant appear on the official April 1, 1934, or the official January 1, 1936, supplemental Wisconsin Potawatomi Census Roll, and/or the official February 6, 1937 Wisconsin Potawatomi Census Roll? <i>*Ancestor - means one from whom a person lineally descended or may be descended, through whom enrollment rights or degree of blood are claimed, including parents, grandparents, great-grandparents, etc. It does not include collateral relatives such as aunts, uncles, cousins, etc.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If so, please complete the following: | |
| Name: | Relationship: |
| Base Roll Number: | Enrollment Number: |
| Please select all that apply: | <input type="checkbox"/> Official April 1, 1934 Wisconsin Potawatomi Census Roll <input type="checkbox"/> Official January 1, 1936 Supplemental Wisconsin Potawatomi Census Roll <input type="checkbox"/> Official February 6, 1937 Wisconsin Potawatomi Census Roll |
| Name: | Relationship: |
| Base Roll Number: | Enrollment Number: |
| Please select all that apply: | <input type="checkbox"/> Official April 1, 1934 Wisconsin Potawatomi Census Roll <input type="checkbox"/> Official January 1, 1936 Supplemental Wisconsin Potawatomi Census Roll <input type="checkbox"/> Official February 6, 1937 Wisconsin Potawatomi Census Roll |
| Name: | Relationship: |
| Base Roll Number: | Enrollment Number: |
| Please select all that apply: | <input type="checkbox"/> Official April 1, 1934 Wisconsin Potawatomi Census Roll <input type="checkbox"/> Official January 1, 1936 Supplemental Wisconsin Potawatomi Census Roll <input type="checkbox"/> Official February 6, 1937 Wisconsin Potawatomi Census Roll |
| Name: | Relationship: |
| Base Roll Number: | Enrollment Number: |
| Please select all that apply: | <input type="checkbox"/> Official April 1, 1934 Wisconsin Potawatomi Census Roll <input type="checkbox"/> Official January 1, 1936 Supplemental Wisconsin Potawatomi Census Roll <input type="checkbox"/> Official February 6, 1937 Wisconsin Potawatomi Census Roll |



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TRIBAL AFFILIATION (continued)

Are the Ancestor(s)* of the applicant an enrolled member of Forest County Potawatomi with an enrollment date after February 6, 1937, and on or before July 14, 1982? Yes No

If so, please complete the following:

| | |
|-------------------|--------------------|
| Name: | Relationship: |
| Base Roll Number: | Enrollment Number: |
| Name: | Relationship: |
| Base Roll Number: | Enrollment Number: |
| Name: | Relationship: |
| Base Roll Number: | Enrollment Number: |
| Name: | Relationship: |
| Base Roll Number: | Enrollment Number: |

Are the ancestor(s) of the applicant an enrolled member of Forest County Potawatomi after July 14, 1982? Yes No

If so, please complete the following:

| | |
|-------------------|--------------------|
| Name: | Relationship: |
| Base Roll Number: | Enrollment Number: |
| Name: | Relationship: |
| Base Roll Number: | Enrollment Number: |
| Name: | Relationship: |
| Base Roll Number: | Enrollment Number: |
| Name: | Relationship: |
| Base Roll Number: | Enrollment Number: |



FAMILY TREE/RECORD OF GENEALOGY

LEGEND

DOB - Date of Birth

POB - Place of Birth

DOD - Date of Death

POD - Place of Death

AKA - Also Known As (nicknames, other married names, etc.)

NO - Number of Marriages

DOM - Date of Marriage

| | |
|--|--|
| | FATHER: AKA _____ Tribe _____ DOB _____ POB _____ DOD _____ DOM _____ NO _____ Brothers & Sisters _____ _____ _____ |
| APPLICANT: AKA _____ _____ _____ | |
| DOB _____ POB _____ Brothers & Sisters _____ _____ _____ | |
| MOTHER: AKA _____ Tribe _____ DOB _____ POB _____ DOD _____ DOM _____ NO _____ Brothers & Sisters _____ _____ _____ | |

| |
|---|
| GRANDFATHER: AKA _____ Tribe _____ DOB _____ POB _____ _____ DOD _____ DOM _____ NO _____ Brothers & Sisters _____ _____ _____ |
| GRANDMOTHER: AKA _____ Tribe _____ DOB _____ POB _____ _____ DOD _____ DOM _____ NO _____ Brothers & Sisters _____ _____ _____ |
| GRANDFATHER: AKA _____ Tribe _____ DOB _____ POB _____ _____ DOD _____ DOM _____ NO _____ Brothers & Sisters _____ _____ _____ |
| GRANDMOTHER: AKA _____ Tribe _____ DOB _____ POB _____ _____ DOD _____ DOM _____ NO _____ Brothers & Sisters _____ _____ _____ |

| | |
|---|--|
| GREAT GRANDFATHER: AKA _____ DOB _____ POB _____ DOD _____ POD _____ | GREAT GREAT GRANDFATHER: _____ GREAT GREAT GRANDMOTHER: _____ |
| GREAT GRANDMOTHER: AKA _____ DOB _____ POB _____ DOD _____ POD _____ | GREAT GREAT GRANDFATHER: _____ GREAT GREAT GRANDMOTHER: _____ |
| GREAT GRANDFATHER: AKA _____ DOB _____ POB _____ DOD _____ POD _____ | GREAT GREAT GRANDFATHER: _____ GREAT GREAT GRANDMOTHER: _____ |
| GREAT GRANDMOTHER: AKA _____ DOB _____ POB _____ DOD _____ POD _____ | GREAT GREAT GRANDFATHER: _____ GREAT GREAT GRANDMOTHER: _____ |
| GREAT GRANDFATHER: AKA _____ DOB _____ POB _____ DOD _____ POD _____ | GREAT GREAT GRANDFATHER: _____ GREAT GREAT GRANDMOTHER: _____ |
| GREAT GRANDMOTHER: AKA _____ DOB _____ POB _____ DOD _____ POD _____ | GREAT GREAT GRANDFATHER: _____ GREAT GREAT GRANDMOTHER: _____ |
| GREAT GRANDFATHER: AKA _____ DOB _____ POB _____ DOD _____ POD _____ | GREAT GREAT GRANDFATHER: _____ GREAT GREAT GRANDMOTHER: _____ |
| GREAT GRANDMOTHER: AKA _____ DOB _____ POB _____ DOD _____ POD _____ | GREAT GREAT GRANDFATHER: _____ GREAT GREAT GRANDMOTHER: _____ |
| GREAT GRANDFATHER: AKA _____ DOB _____ POB _____ DOD _____ POD _____ | GREAT GREAT GRANDFATHER: _____ GREAT GREAT GRANDMOTHER: _____ |
| GREAT GRANDMOTHER: AKA _____ DOB _____ POB _____ DOD _____ POD _____ | GREAT GREAT GRANDFATHER: _____ GREAT GREAT GRANDMOTHER: _____ |

| |
|---------------------------------|
| Date Received _____ By _____ |
|---------------------------------|



STATEMENT OF CERTIFICATION

I hereby certify that the answers given herein are true and complete to the best of my knowledge. I authorize the Enrollment Department and Enrollment Committee to investigate all facts and information provided in this application in order to verify eligibility for enrollment in the Forest County Potawatomi Community. **I understand that any false or misleading information provided, including the omission or failure to include relevant information, whether intentional or unintentional, may constitute sufficient grounds to deny application for enrollment.**

Signature of Applicant: _____ **Date** _____

(If applicant is under 18 years of age, please complete below)

I represent that I have legal capacity and authorize to act on behalf of the minor named above.

Legal Parent/Guardian Name (please print): _____

Legal Parent/Guardian Name Signature: _____ **Date** _____

Note: If guardianship has been established, please attach a copy of the court order.

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| | |
|--|---|
| Complete Enrollment Application | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Family Tree / Record of Genealogy | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <u>Original</u> Certified Birth Certificate | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <u>Original</u> Social Security Card | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <u>Original</u> DNA Testing Results | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>Additional Documents (If applicable)</i> | |
| Adoption Papers | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Impounded <u>Original</u> Birth Certificate(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Parental Affidavit (If applicant is a minor) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Court Order of Guardianship | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Death Certificate | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| <u>Original</u> Marriage Certificate | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Church Records and/or Baptismal Records | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Certificate of Degree of Indian or Alaska Native Blood (CDIB) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Verification of Enrollment (With another Federally Recognized Tribe) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

Applicant's Name: _____

Application #: _____

Date Received: _____

Processed By: _____

Complete Application: Yes No

File closed date: _____



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PARENTAL/GUARDIAN AFFIDAVIT APPLICATION FOR ENROLLMENT OF A MINOR CHILD

Before a minor child will be considered for enrollment into the Forest County Potawatomi Community, this form must be completed by each parent/guardian who has legal custody of the minor.

| MINOR CHILD (Please Print) | | |
|--|----------------|---------|
| Last: | First: | Middle: |
| Other Name: | Date of Birth: | Gender: |
| ACKNOWLEDGEMENT — PARENT 1 (Please Print) | | |
| <p>I, _____, (biological mother / biological father / guardian) of _____ do hereby agree to the application for enrollment of the Forest County Potawatomi Community.</p> <p>Print Name: _____</p> <p>Sign Name: _____ Date _____</p> | | |
| ACKNOWLEDGEMENT — PARENT 2 (Please Print) | | |
| <p>I, _____, (biological mother / biological father / guardian) of _____ do hereby agree to the application for enrollment of the Forest County Potawatomi Community.</p> <p>Print Name: _____</p> <p>Sign Name: _____ Date _____</p> | | |
| NOTARY ACKNOWLEDGEMENT (Please Print) | | |
| <p>State of _____,</p> <p>County of _____, (insert name of county where notarization is done)</p> <p>This document was signed before me on _____ (date)</p> <p>by _____ (name of person(s) whose signature is acknowledged).</p> <p>Notary's Signature: _____</p> <p>Notary's Expiration Date: _____</p> | | |