



Faron Jackson, Sr., *Chairman*
Arthur LaRose, *Secretary/Treasurer*
Robbie Howe, *District I Representative*
Steve White, *District II Representative*
LeRoy Staples Fairbanks III, *District III Representative*

Office of Tribal Enrollment

Application for Enrollment

INSTRUCTIONS

1. Complete the entire application page.
2. Attach the Applicant's **CERTIFIED BIRTH CERTIFICATE** with the full name of the father and the full (including maiden name) of the mother.
3. Attach a copy of Proof of Citizenship (if necessary).
4. If the applicant is a member of another tribe, a relinquishment must be attached.
5. Mail the completed application and all the necessary attachments to:

Office of Tribal Enrollments
Leech Lake Band of Ojibwe
190 Sailstar Drive NW
Cass Lake, MN 56633

PRIVACY NOTICE

The Leech Lake Band of Ojibwe will use the information you provide to determine eligibility for enrollment with the Leech Lake Band of Ojibwe, Minnesota Chippewa Tribe. Providing Social Security Numbers is optional, if you do not provide other information, it may delay processing. In the event the application is approved, information about members is used to update the Leech Lake Band and Minnesota Chippewa Tribe records.

WARNING!

A false statement on any part of the application may result in a denial or loss of membership.

NOTICE

If the applicant's parents are both MCT members but affiliated with different Bands, the applicant will be enrolled under the Mother's Band unless otherwise specified.

QUESTIONS?

Contact Office of Tribal Enrollments, Leech Lake Band of Ojibwe
Phone (218) 335-3601 or 1-800-442-3909 ext. 3601



Leech Lake Band of Ojibwe Office of Tribal Enrollment
190 Sailstar Drive NW • Cass Lake, MN 56633
Application For Enrollment - Leech Lake

Applicant

| | | | |
|--|------------------------|---|-------------------------|
| First Name | Middle | Last | Maiden |
| Address | | City | State/Zip |
| Date of Birth Month Day Year | Place of Birth City | | Place of Birth State |
| Social Security Number | | Is the applicant and Enrolled Member of another Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <i>Please note: If the applicant was not born in the United States, you must provide proof of citizenship.</i> | | Is the applicant adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Biological Mother of Applicant

| | | |
|---|-------------------------------------|--------------|
| First Name | Last | |
| Middle | Maiden | |
| Physical Address | City | State Zip |
| Mailing Address | City | State Zip |
| Date of Birth | Social Security Number | |
| Is Mother an enrolled member of the Minnesota Chippewa Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If Yes, Mother's Reservation of Enrollment | | |
| Mother's Enrollment Number | Mother's Degree of MCT Indian Blood | |
| If No, does Mother possess any MCT Indian Blood? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If Yes, state degree | | |
| Name of Person MCT Indian Blood is derived from | | |
| Does Mother have any other Indian Blood (outside of the Minnesota Chippewa Tribe)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, what Tribe and State? | | |
| What degree of Non MCT Blood does she possess? | | |

Biological Father of Applicant

| | | |
|---|-------------------------------------|--------------|
| First Name | Last | |
| Middle | Suffix (Sr., Jr., etc.) | |
| Physical Address | City | State Zip |
| Mailing Address | City | State Zip |
| Date of Birth | Social Security Number | |
| Is Father an enrolled member of the Minnesota Chippewa Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If Yes, Father's Reservation of Enrollment | | |
| Father's Enrollment Number | Father's Degree of MCT Indian Blood | |
| If No, does Father possess any MCT Indian Blood? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If Yes, state degree | | |
| Name of Person MCT Indian Blood is derived from | | |
| Does Father have any other Indian Blood (outside of the Minnesota Chippewa Tribe)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, what Tribe and State? | | |
| What degree of Non MCT Blood does he possess? | | |

Specify Reservation of Enrollment for Application _____

Please note: All applicants will be enrolled under their Mother's Band, unless otherwise specified.

Signature of person filing application _____ Date _____

Relationship to Applicant _____ Telephone Number _____
(If guardian, attach proof)

| | | | |
|-----------|---------|-------|-----------|
| AR # | Band ID | AR# | Band ID |
| ID # | | ID # | |
| FAM # | | FAM # | |
| Enr. Date | BQ | % | Enr. Date |
| | | | BQ |
| | | | % |

Applicant MCT BQ _____ Percentage (%) _____ Band/Reservation _____