



# White Earth Reservation Tribal Council

## Application for Enrollment Tribal Enrollments/Vital Statistics P.O. Box 506 White Earth, Minnesota 56591

### APPLICANT:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(First) (Middle) (Maiden) (Last) (Month) (Day) (Year)

Address: \_\_\_\_\_  
(P.O. Box or Physical Address) (City) (State) (Zip)

\*Place of Birth: \_\_\_\_\_ SS No.: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_  
(City) (State)

Is the Applicant a member of another tribe? \_\_\_\_\_ If yes, what Tribe? \_\_\_\_\_

\*If the applicant was born outside the United States, you must provide proof of citizenship

### MOTHER OF APPLICANT:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(First) (Middle) (Maiden) (Last) (Month) (Day) (Year)

Address: \_\_\_\_\_  
(Current Mailing Address) (City) (State) (Zip)

Place of Birth: \_\_\_\_\_ SS No.: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_  
(City) (State)

Is Mother an enrolled member of the Minnesota Chippewa Tribe? \_\_\_\_\_ If yes, What Reservation? \_\_\_\_\_

Enrollment No.: \_\_\_\_\_ Blood Degree: \_\_\_\_\_

If no, is she a descendant of the Minnesota Chippewa Tribe? \_\_\_\_\_ \* If yes, please attach a copy(s) of B.C. linking her to the enrolled member

Name of person descendant blood is derived from: \_\_\_\_\_

Does mother possess any other Native American Indian Blood? \_\_\_\_\_ From what tribe? \_\_\_\_\_

### FATHER OF APPLICANT:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(First) (Middle) (Last) (Month) (Day) (Year)

Address: \_\_\_\_\_  
(Current Mailing Address) (City) (State) (Zip)

Place of Birth: \_\_\_\_\_ SS No.: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_  
(City) (State)

Is Father an enrolled member of the Minnesota Chippewa Tribe? \_\_\_\_\_ If yes, What Reservation? \_\_\_\_\_

Enrollment No.: \_\_\_\_\_ Blood Degree: \_\_\_\_\_

If no, is he a descendant of the Minnesota Chippewa Tribe? \_\_\_\_\_ \* if yes, please attach a copy(s) of B.C.(s) linking him to the enrolled member

Name of person descendant blood is derived from: \_\_\_\_\_

Does Father possess any other Native American Indian Blood? \_\_\_\_\_ From what tribe? \_\_\_\_\_

Signature of Applicant or Legal Guardian (if a minor): \_\_\_\_\_ Date: \_\_\_\_\_  
(If legal guardian, please attach proof)

Relationship to Applicant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\* SEE REVERSE SIDE FOR IMPORTANT INSTRUCTIONS

**PRIVACY NOTICE:**

The Minnesota Chippewa Tribe (MCT) and its Constituent Bands will use the information you provide to determine eligibility for enrollment with the MCT. 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 the applicant will be used to contact the applicant about the benefits of tribal membership. Information about members is used to update MCT and Band records.

**INSTRUCTIONS:**

1. Complete the entire first page of this application form.
2. Attach a copy of the applicant's STATE CERTIFIED Birth Certificate. Also include if necessary, a copy of a name change document, Such as driver license, state ID card, marriage, divorce, or court order. \* **HOSPITAL RECORDS AND BAPTISMAL RECORDS ARE UNACCEPTABLE**
3. Attach a copy of Proof of Citizenship, if born outside of the United States.
4. If the applicant is a member of another tribe, a Relinquishment Form must be attached to the application.
5. If one of the parents possesses MCT descendant blood, attach a copy of their birth certificate so that all MCT blood will be counted along with the enrolled parent.
6. FAXED APPLICATIONS **WILL NOT BE ACCEPTED**, ORIGINALS MUST BE MAILED TO THIS OFFICE.

**NOTICE:**

If the applicant's parents are both MCT members but affiliated with different bands, the applicant will be enrolled under the mother's reservation and band unless otherwise specified.

**PLEASE CONTACT:** WITH ANY QUESTIONS YOU HAVE REGARDING THE APPLICATION

White Earth Tribal Enrollments,  
Phone: (218) 983-3285 or toll free 1-800-950-3248, ext. 5250 or 5251

OR

The Minnesota Chippewa Tribe – Tribal Operations,  
Phone: (218) 335-8581 or toll free 1-888-322-7688

**WARNING: A FALSE STATEMENT ON ANY PART OF THE APPLICATION MAY RESULT IN A DENIAL OR LOSS OF MEMBERSHIP.**

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**FOR OFFICE USE ONLY:**

Father: \_\_\_\_\_

ID No.: \_\_\_\_\_ AR No.: \_\_\_\_\_

Family No.: \_\_\_\_\_ Enrollment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

MCT BQ: \_\_\_\_\_ Band: \_\_\_\_\_

Mother: \_\_\_\_\_

ID No.: \_\_\_\_\_ AR No.: \_\_\_\_\_

Family No.: \_\_\_\_\_ Enrollment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

MCT BQ: \_\_\_\_\_ Band: \_\_\_\_\_

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**Applicant's MCT BQ:** \_\_\_\_\_ **Band:** \_\_\_\_\_