

Enrollment Application - Checklist

Application filled out completely? _____

Applicant:

Has original/state certified Birth Certificate? _____

Provided Social Security Card? _____

Provided proof of name change? (If applicable) _____

Does the applicant have proof of adoption/custody? (Adoption Decree) _____

Did the applicant provide a complete address? _____

Provided other proof? _____

Please explain: _____

Mother:

Check for Descendent blood? _____

They must provide original/state certified birth certificate to count blood.

Is an enrolled member of White Earth? _____

Has sole custody – If so, is there proof? (Court Order) _____

Father:

Listed on the Birth Certificate? _____

They must provide original/state certified birth certificate to count blood.

Is an enrolled member of White Earth? _____

Has sole custody – If so, is there proof? (Court Order) _____

Grandparents:

If they have custody, they must provide proof. (Court Order) _____

White Earth Programs: (I.C.W.)

Did the representative complete their specific section? _____

Does the department have custody over the child? _____

If so, have they provided a court order document? _____

Is the Family Tree filled out? _____

Applications for applicants under 18 must be submitted by parent or legal guardian. If the child is in the custody of someone beside the parent, a court order must be attached.

Applications for individuals age 18+ must be submitted by the applicant, unless mentally incompetent and then a court order must be attached.

MINNESOTA CHIPPEWA TRIBE ENROLLMENT REQUIREMENTS

A. Regular Enrollment

1. To apply for enrollment an individual must have a biological parent(s) enrolled with the Reservation(s) in which applicant is applying with. You may not apply under a grandparent(s), Aunt, Uncle, etc.
2. Applicant must possess the one-fourth (1/4 or 25%) degree of Minnesota Chippewa Tribe blood requirement. The Minnesota Chippewa Tribe accepts Minnesota Chippewa Tribe Blood only.
3. The Application for Enrollment must be completely filled out with all known identifying information, (WE Enrollments Does Not Provide applicant Information, and will only complete "For office use" section only) and must provide a State Certified Birth Certificate with the parents' names on it. (Complimentary hospital records and baptismal records are NOT acceptable.). If the father does not appear on the Birth Certificate, an amended Birth Certificate and DNA test providing the results are met or exceed 97%, and it must accompany the Application for Enrollment and Birth Certificates.
4. Adult applicants over the age 18 years MUST apply for enrollment on their own behalf unless considered incompetent. If considered incompetent, you must provide legal documentation to act on their behalf. For Minor applicants: If you are not the child's custodial parent or legal guardian, DO NOT apply for them unless you are able to provide legal documentation to act on the child's behalf.
5. **All applications must be mailed or hand delivered to the White Earth Enrollment office. We DO NOT accept faxed or emailed applications.**

B. Band Transfer/Relinquishment for Adults or Minors:

****Please note:** The Fond du Lac Reservation and the Mille Lacs Band of Ojibway have set Moratorium's on All Band Transfers/Relinquishments.

1. Applicants must have a biological parent(s) enrolled with the Reservation in which the applicant is applying to band transfer with. You MAY NOT apply under a grandparent(s), aunt uncle, etc. Biological Parents Only.
2. The applicant will have to complete the Application to Band Transfer along with the Affidavit of Relinquishment (must be Notarized), return both completed forms with a State Certified Birth Certificate. *If the father does not appear on the Birth Certificate, an amended Birth Certificate or DNA test providing the results meet or exceed 97% and it must accompany the Band Transfer Application and the Affidavit of Relinquishment for a minor.
3. If the applicant is a minor, both parent(s) will have to sign the Affidavit of Relinquishment for minor (must be notarized), return both forms with State Certified Birth Certificate. *If the father does not appear on the Birth Certificate, an amended Birth Certificate or DNA test providing the results are 97% or more must accompany the Band Transfer Application and the Affidavit of Relinquishment for a minor.
4. If you are enrolled with another Reservation/Tribe other than the Minnesota Chippewa Tribe, you must contact your Reservation/Tribe and request their respective paperwork, complete it, return it to your Reservation/Tribe and a copy to the Minnesota Chippewa Tribe, to relinquish your enrollment with them.



White Earth Reservation Tribal Council
Tribal Enrollment/Vital Statistics
P.O. Box 506
White Earth, Minnesota 56591
Phone: (218) 983-4643 or (218) 983-3285

Application for Enrollment

PRINT LEGIBLY OR APPLICATION MAY BE DENIED DUE TO NOT BEING ABLE TO READ. THIS MUST BE FILLED OUT COMPLETELY OR IT MAY NOT BE PROCESSED

APPLICANT:

Full Legal Name: _____
(First) (Middle) (Last) (Maiden)

Other names Used: _____

Gender: _____ Date of Birth _____ Social Security Number: _____

City of Birth: _____ State: _____

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Current Physical Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ Cell Number: _____

Driver's License #: _____ State: _____ Exp. Date: _____

Marital Status: _____ Email Address: _____

Has the applicant ever been adopted? _____ Where? _____

Has the applicant ever been an enrolled member of any tribe? _____

If yes, which Tribe? _____ Blood Degree: _____

Note: *If Applicant's parents are both enrolled within the Minnesota Chippewa Tribe, the applicant will be enrolled under the mother's reservation & band if not otherwise specified.*

For example: MOTHER IS 408BXXXXX AND FATHER IS 408CXXXXXX.

Mother: _____ **Father:** _____

BIOLOGICAL MOTHER OF THE APPLICANT:

Full Legal Name: _____
(First) (Middle) (Last)

Other names used: _____

Date of Birth: _____ Social Security Number: _____

City of Birth: _____ State: _____

Current Mailing Address: _____

City: _____ State: _____ Zip code: _____

Current physical Address: _____

City: _____ State: _____ Zip code: _____

Which District do you reside/Vote in? **District I** _____, **District II** _____, **District III** _____

Primary Phone Number: _____ Cell Phone Number: _____

Drivers Lic. #: _____ State: _____ Exp. Date: _____

Marital Status: _____ Email Address: _____

If a Descendant, what is your enrolled parent's name? _____
(Your State Certified Birth Certificate is required to show lineage.)

Enrolled Parents Enrollment Number, if known: _____

If enrolled with a Tribe other than White Earth, attach a Certificate of Indian Blood from the tribe enrolled with.

BIOLOGICAL FATHER OF THE APPLICANT:

Full Legal Name: _____
(First) (Middle) (Last)

Other names used: _____

Date of Birth: _____ Social Security Number: _____

City of Birth: _____ State: _____

Current Mailing Address: _____

City: _____ State: _____ Zip code: _____

Current physical Address: _____

City: _____ State: _____ Zip code: _____

Which District do you reside/Vote in? **District I** _____, **District II** _____, **District III** _____

Primary Phone Number: _____ Cell Phone Number: _____

Drivers Lic. #: _____ State: _____ Exp. Date: _____

Marital Status: _____ Email Address: _____

If a Descendant, what is your enrolled parent's name? _____

(Your State Certified Birth Certificate is required to show lineage.)

Enrolled Parents Enrollment Number, if known: _____

If enrolled with a Tribe other than White Earth, attach a Certificate of Indian Blood from the tribe enrolled with.

ADOPTIVE MOTHER INFORMATION

Full Legal Name: _____
(First) (Middle) (Last)

Other name used: _____

Date of Birth: _____ Social Security Number: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Primary Phone Number: _____ Cell Number: _____

Email Address: _____

ADOPTIVE FATHER INFORMATION

Full Legal Name: _____
(First) (Middle) (Last)

Other names used: _____

Date of Birth: _____ Social Security Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ Cell Number: _____

Email Address: _____

Keep in mind that everyone must meet the ¼ or 25% Minnesota Chippewa Tribe requirement. The Minnesota Chippewa Tribe **DOES NOT** allow Dual Enrollment. An individual may not be enrolled with two (2) Reservations/Tribes at any time.

PRIVACY NOTICE:

The Minnesota Chippewa Tribe (MCT) and its Constituent Bands will use the information you provide to determine eligibility for enrollment within the MCT. 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.

****If Applicant was born outside the United States, there must be proof of American Citizenship. If applications are returned without all the requested information, a letter will be sent to applicant or to the applicant's parent(s) if a minor child, stating the application cannot be processed until ALL required information is received.****

**** APPLICATION CHECKLIST****

Is the application **completely** filled out? _____

Did you attach the applicants **Original State Certified Birth Certificate**? _____
(Copies are not accepted, nor are Hospital "Birth Records/Certificate)

Did you attach **Legal documentation** for: Name Change (Marriage/Divorce), Custody/Guardianship, Adoption Decrees? _____

Did you fill out the **Family Tree** to the best of your knowledge? _____

If applicable, if either parent is enrolled in another tribe other than White Earth, did you attach their Certificate of Degree of Indian Blood (CDIB) from that tribe? _____

****ALL DOCUMENTS WILL BE RETURNED TO THE APPLICANT UPON COMPLETION OF THE ENROLLMENT PROCESS****

FILL OUT, PRINT, SIGN AND MAIL COMPLETED APPLICATION TO:

**White Earth Tribal Enrollments
P.O. Box 506
White Earth, MN 56591**

"I declare under penalty of perjury that all statements contained in this application and any accompanying documents are true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer(s) may be grounds for denial or subsequent disenrollment from White Earth".

Signature of: _____ Print Name: _____ Date: _____
(Self, Legal Guardian or person legally authorized to act on behalf of applicant)

Signature of Mother: _____ Date: _____

Relation to Applicant: ____ Self ____ Parent ____ Guardian *(If Legal Guardian, must attach court order).*

Signature of Father: _____ Date: _____

Relation to Applicant: ____ Self ____ Parent ____ Guardian *(If Legal Guardian, must attach court order)*

PLEASE CONTACT: WITH ANY QUESTIONS YOU HAVE REGARDING THE APPLICATION

**White Earth Tribal Enrollments
P.O. Box 506
White Earth, MN 56592
Phone: (218) 983-4643 ext. 5250 or 5251**

DO NOT MARK BELOW THIS LINE

FOR OFFICE USE ONLY:

Application Received: _____

Processed by: _____

Attached Documents: _____ BC _____ NCD _____ SSC _____ CO/G _____ FT _____ other _____

Missing Documents: _____ BC _____ NCD _____ SSC _____ CO/G _____ FT _____ other _____

Father: _____

ID No.: _____ **AR No.:** _____

Family No.: _____ **Enrollment Date:** ____/____/____

MCT BQ: _____ **Band:** _____ **Roll Relation:** _____

Mother: _____

ID No.: _____ **AR No.:** _____

Family No.: _____ **Enrollment Date:** ____/____/____

MCT BQ: _____ **Band:** _____ **Roll Relation:** _____

Applicant's MCT BQ: _____ **Band:** _____ **Roll Relation:** _____

If Approved, Enrollment Date: _____ **Tribal Resolution #:** _____ **Date:** _____ **Attached?** _____

TEC Resolution#: _____ **Date:** _____ **Attached?** _____

Date Scanned Documents and Application into Progeny Profile: _____

Scanned by? _____ **Date:** _____

Enrollment ID: _____