

## **CERTIFICATION OF INDIAN BLOOD LETTERS FOR NON-ENROLLEE DESCENDANTS**

These certificates are issued **ONLY** by the White Earth Enrollment Staff and are **ONLY** issued to verify that the individual is either a 1<sup>st</sup> or 2<sup>nd</sup> Generation Non-Enrollee White Earth Descendant to a White Earth – M.C.T. Band Member. This certificate is used to verify the amount of White Earth blood fraction/percentage a Non-Enrollee Descendant will possess.

We will **ONLY** accept mailed in Descendant Verification forms **WE WILL NOT ACCEPT FAXED, EMAILED, OR COPIES OF THE APPLICANT'S FORMS and DOCUMENTS** or it will be returned **minus the payment of applicable Non-Refundable fee(s)**

We **RESERVE** the right to refuse service to anyone exhibiting rude, hostile or argumentized behavior, minus the payment of applicable Non-Refundable fee(s).

### **FEES:**

- **\$50.00 Non-Refundable fee**, per each application.
- Payments made by check through the mail will have a 14 to 30 day process time.
- **There is a \$20 penalty imposed by the Band for returned checks.**
- **Applications requested at the door must be paid by CASH ONLY and will be charged an additional Non-Refundable \$10.00 RUSH fee. Resulting in a total fee of \$60.00 per application.**
- \$5.00 non-refundable duplication fee of certificate.

**Initial that you have read and understand:** \_\_\_\_\_

**Please note:** **Payment of Fees are non-refundable and do not guarantee eligibility or receipt of requested verification.**

It is your responsibility to submit **ALL** required documentation. Incomplete applications or missing required documentation are **not refundable**. Waiting past the specified timeframe to provide required documentation can result in being charged another "Non-refundable" processing fee in addition to those already charged.

**Initial that you have read and understand:** \_\_\_\_\_

**DOCUMENTS REQUIRED:** All **Original** Documents will be returned to Address provided on Application.

- Original or State Certified Birth Certificate (**COPIES ARE NOT ACCEPTED**)
- Color Copy of legal name change document.
  - Marriage License/Certificate
  - Valid driver's license (in color)
  - Court document
- All "Letterhead Form" letters of Verification of Non-enrollee descendant dated before 2015 are no longer valid. Will require a new verification by application including applicable fees if original application information is not in department records. ORIGINAL letters (not a copy) MAY be replaced with the new verification Certificate at discretion of Enrollment Coordinator. Effective July 12, 2024

**Initial that you have read and understand:** \_\_\_\_\_

**2<sup>nd</sup> GENERATION REQUESTS:** **MUST PROVIDE ADDITIONAL DOCUMENTATION TO THOSE REQUIRED ABOVE:**

- Original 1<sup>st</sup> Generation parent White Earth Verification of Non-enrollee Descendant Letter, or the
- Original 1<sup>st</sup> Generation Verification Certificate,

**Initial that you have read and understand:** \_\_\_\_\_

If you have any questions, please contact the White Earth Enrollment Staff. - White Earth Tribal Enrollments, P.O. Box 506, White Earth, MN 56591 - Phone: 800-710-4092

**White Earth Reservation Tribal Council – Tribal Enrollments**  
**REQUEST FOR VERIFICATION OF DESCENDANCY**

**P.O. Box 506**  
**White Earth, MN 56591**  
**800-710-4092**

**DESCENDANT APPLICANT:**

**1<sup>ST</sup> GENERATION**  **2<sup>ND</sup> GENERATION**

**Name:** \_\_\_\_\_  
(FIRST) (MIDDLE) (MAIDEN) (LAST) (SUFFIX)

**Date of Birth:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Current Mailing Address:** \_\_\_\_\_  
(ADDRESS) (CITY) (STATE) (ZIP CODE)

**MOTHER OF APPLICANT:**

**Name:** \_\_\_\_\_  
(FIRST) (MIDDLE) (MAIDEN) (LAST) (SUFFIX)

**Date of Birth:** \_\_\_\_\_ **M.C.T. Affiliation:** \_\_\_\_\_

**FATHER OF APPLICANT:**

**Name:** \_\_\_\_\_  
(FIRST) (MIDDLE) (MAIDEN) (LAST) (SUFFIX)

**Date of Birth:** \_\_\_\_\_ **M.C.T. Affiliation:** \_\_\_\_\_

**GRANDMOTHER OF APPLICANT:** (Only Applicable if Applicant is 2<sup>nd</sup> Generation)

**Name:** \_\_\_\_\_  
(FIRST) (MIDDLE) (MAIDEN) (LAST) (SUFFIX)

**Date of Birth:** \_\_\_\_\_ **M.C.T. Affiliation:** \_\_\_\_\_

**GRANDFATHER OF APPLICANT:** (Only Applicable if Applicant is 2<sup>nd</sup> Generation)

**Name:** \_\_\_\_\_  
(FIRST) (MIDDLE) (MAIDEN) (LAST) (SUFFIX)

**Date of Birth:** \_\_\_\_\_ **M.C.T. Affiliation:** \_\_\_\_\_

**IF REQUEST IS FOR A MINOR CHILD, ADDITIONAL PROOF OF LEGAL GAURDIANSHIP IS REQUIRED:**

**Print Full Name of Requestor:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_