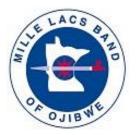
Application for Enrollment-MILLE LACS Mail to: Mille Lacs Band of Ojibwe

ail to: Mille Lacs Band of Ojibv Attn: Tribal Enrollments 43408 Oodena Drive Onamia, MN 56359



APPLICANT:

Date: _____

Name:						
	(First)	(Middle)	(Last)	(Maiden)		
Address:						
	(Number)	(Street Name)	(City)	(State)	(Zip)	
Date of Birth:						
	(Month)	(Day)	C	Year)		
* Birthplace:		Social Sec	urity #			
-	(City)	(State)	-			

I hereby certify that the Applicant is an American citizen and not an enrolled member of any Indian Tribe.

Signature of applicant or legal guardian

* If the Applicant was not born in the United States, you must provide proof of citizenship.

ame:	Name:		
(First) (Middle) (Last)	(First)	(Middle)	(Last)
(Maiden)	Address:		
ldress: (Number) (Street Name)	(Number)	(Street Nam	ne)
(Number) (Succervanc)			
(City) (State) (Zip Code)	(City)	(State)	
	Date of Birth:(Month)		
te of Birth:(Month) (Day) (Year)	(Month)	(Day)	(Year)
cial Security #	Social Security #		
Mother an enrolled member of the Minnesota Chippewa	Is Father an enrolled a Tribe? □ yes		esota Chippewa
ibe? □ yes □ no	If yes:		
<i>yes:</i> other's Reservation of Enrollment?	Father's Reservation of Enrollment?		
Bois Forte	□ Bois Forte □ Fond du Lac		
Grand Portage	□ Grand Portage □ Leech Lake □ Mille Lacs □ White Earth		
Mille Lacs	Father's Enrollment Number?		
other's Enrollment Number?	Father's Degree of M		
other's Degree of Minnesota Chippewa Indian Blood?			
	If no:		
no: bes Mother possess any Minnesota Chippewa Indian Blood?	Does Father possess any Minnesota Chippewa Indian Blood		
yes no no	yes □ no If yes: State degree:		
yes: State degree:	If yes: State degree:		
,	Name of person Minr	nesota Chinnewa Ind	ian blood comes
ame of person Minnesota Chippewa Indian blood comes	Name of person Minnesota Chippewa Indian blood comes from:		
Dm:			
By signing this application, I hereby certify under p	enalty of law that eve	erything contained	d herein is true,
accurate, and complete to the best of my knowledge			
Signature of Person Filing Application:			
Relationship to Applicant:			

Phone Number:
* If child is adopted please provide a copy of the adoption decree*
* See Reverse Side for Important Notice and Instructions*

PRIVACY NOTICE

The Minnesota Chippewa Tribe (MCT) and its constituent Bands will use the information 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 <u>first</u> page of this application form:

- 2. Attach the applicants certified birth certificate.
- 3. Attach a copy of proof of citizenship (if necessary).

NOTICE: If the applicant's parents are <u>both</u> MCT members but affiliated with different Bands, the Applicant will be enrolled under the mother's Band unless otherwise specified.

QUESTIONS?Contact:Tribal Operations at The Minnesota Chippewa Tribe
Phone: 218-335-8581
OrMille Lacs Band of Ojibwe Tribal Operations
320-532-4181 / 1-800-709-6445 (extension 7730 or 7512)

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

FOR OFFICE USE ONLY

Father:	
ID#	AR#
Family #	Date of Enrollment://
MCT BQ	Band/Reservation
Mother:	
ID#	AR#
Family #	Date of Enrollment://
MCT BQ	Band/Reservation
Applicant MCT BQ	Band/Reservation