

# Application for Enrollment-MILLE LACS

Mail to: Mille Lacs Band of Ojibwe

Attn: Tribal Enrollments

43408 Oodena Drive

Onamia, MN 56359



**APPLICANT:**

**Name:** \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

**Address:** \_\_\_\_\_  
(Number) (Street Name) (City) (State) (Zip)

**Date of Birth:** \_\_\_\_\_  
(Month) (Day) (Year)

**\* Birthplace:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(City) (State)

**Is the Applicant an enrolled member of another tribe?  yes  no**

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

<u>BIOLOGICAL MOTHER OF APPLICANT</u>	<u>BIOLOGICAL FATHER OF APPLICANT</u>
<p><b>Name:</b> _____  <small>(First) (Middle) (Last)</small></p> <p>_____  <small>(Maiden)</small></p> <p><b>Address:</b> _____  <small>(Number) (Street Name)</small></p> <p>_____  <small>(City) (State) (Zip Code)</small></p> <p><b>Date of Birth:</b> _____  <small>(Month) (Day) (Year)</small></p> <p><b>Social Security #</b> _____ - _____ - _____</p> <p>Is Mother an enrolled member of the Minnesota Chippewa Tribe? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><i>If yes:</i>                      Mother's Reservation of Enrollment?  <input type="checkbox"/> Bois Forte <input type="checkbox"/> Fond du Lac  <input type="checkbox"/> Grand Portage <input type="checkbox"/> Leech Lake  <input type="checkbox"/> Mille Lacs <input type="checkbox"/> White Earth                      Mother's Enrollment Number? _____                      Mother's Degree of Minnesota Chippewa Indian Blood? _____</p> <p><i>If no:</i>                      Does Mother possess any Minnesota Chippewa Indian Blood?  <input type="checkbox"/> yes <input type="checkbox"/> no  <i>If yes:</i> State degree: _____</p> <p>Name of person Minnesota Chippewa Indian blood comes from: _____</p>	<p><b>Name:</b> _____  <small>(First) (Middle) (Last)</small></p> <p><b>Address:</b> _____  <small>(Number) (Street Name)</small></p> <p>_____  <small>(City) (State) (Zip Code)</small></p> <p><b>Date of Birth:</b> _____  <small>(Month) (Day) (Year)</small></p> <p><b>Social Security #</b> _____ - _____ - _____</p> <p>Is Father an enrolled member of the Minnesota Chippewa Tribe? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><i>If yes:</i>                      Father's Reservation of Enrollment?  <input type="checkbox"/> Bois Forte <input type="checkbox"/> Fond du Lac  <input type="checkbox"/> Grand Portage <input type="checkbox"/> Leech Lake  <input type="checkbox"/> Mille Lacs <input type="checkbox"/> White Earth                      Father's Enrollment Number? _____                      Father's Degree of Minnesota Chippewa Indian Blood? _____</p> <p><i>If no:</i>                      Does Father possess any Minnesota Chippewa Indian Blood? <input type="checkbox"/> yes <input type="checkbox"/> no  <i>If yes:</i> State degree: _____</p> <p>Name of person Minnesota Chippewa Indian blood comes from: _____</p>

Signature of Person Filing Application: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ 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 **first** page of this application form:
  2. Attach a certified copy of applicant's birth certificate.
  3. Attach a copy of proof of citizenship (if necessary).

**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: Tribal Operations at The Minnesota Chippewa Tribe  
Phone: 218-335-8581  
*Or*  
Mille Lacs Band of Ojibwe Tribal Operations  
320-532-4181 / 1-800-709-6445 (extension 7440 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**

<b>Father:</b> _____	
<b>ID#</b> _____	<b>AR#</b> _____
<b>Family #</b> _____	<b>Date of Enrollment:</b> ____/____/____
<b>MCT BQ</b> _____	<b>Band/Reservation</b> _____
<b>Mother:</b> _____	
<b>ID#</b> _____	<b>AR#</b> _____
<b>Family #</b> _____	<b>Date of Enrollment:</b> ____/____/____
<b>MCT BQ</b> _____	<b>Band/Reservation</b> _____
<b>Applicant MCT BQ</b> _____	<b>Band/Reservation</b> _____