

LITTLE SHELL TRIBE OF CHIPPEWA INDIANS OF MONTANA

511 Central Avenue West
Great Falls, MT 59404

Phone: 406.315.2400
Fax: 406.315.2401



Enrollment Criteria List:

1. Application completed, signed and dated
2. Application processing fee paid
3. Family tree chart completed
4. Individual history chart completed
5. Copy of birth or baptismal certificate listing the names of your parents
6. Have an ancestor who is a member of the Pembina tribe which includes one or more of the following:
 - A. Pembina descendants under the provisions of the Act of July 29th, 1971
 - B. McCumber Roll of the Turtle Mountain Indians of 1892
 - C. Davis Roll of Turtle Mountain Indians of 1904
 - D. Rocky Boy Indians Tentative Roll of May 30th 1971
 - E. Roe Cloud Roll of Landless Indians of Montana
 - F. Established Pembina Ancestry on the basis of any other rolls or records acceptable to the Secretary of the Interior
7. If you have a parent/parents enrolled in any other tribe please submit verification of the parent's enrollment number and CIB from that tribe, this must be submitted with the individual's enrollment application.

PLEASE DO NOT SUBMIT A TRIBAL ID APPLICATION, PHOTO, AND THE \$10 FEE WITH YOUR ENROLLMENT APPLICATION. A tribal ID application will be sent to you with your final official enrollment letter which will give you your tribal ID number and certified blood degree.



LITTLE SHELL TRIBE OF CHIPPEWA INDIANS OF MONTANA

511 Central Avenue West, Great Falls, MT 59404

P (406) 315-2400 F (406)315-2401

APPLICATION FEE \$20.00

APPLICATION FEE REC'D _____

Applicant's full name _____

Indian, maiden or other name by which known _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Phone Number _____ Email _____

Street Address or Directions to your home _____

Date of birth _____ Place of Birth _____

Ancestor on base roll with whom enrollment rights are claimed _____

Roll Number _____ Relationship _____

DEGREE OF INDIAN BLOOD CLAIMED

Little Shell Tribe _____ Other (Give degree and tribe) _____

Total Degree of Indian blood claimed _____

Are either of your parents enrolled as a member of another tribe? _____ Yes _____ No

If yes which parent and which tribe? _____

Is applicant an adopted child? _____ Yes _____ NO

Is applicant enrolled with another Tribe? _____ Yes _____ No

Is applicant a direct lineal descent of a member of the tribe? _____ Yes _____ No

COPY OF BIRTH CERTIFICATE, BAPTISMAL RECORD OR OTHER PROOF OF BIRTH AND PARENTAGE MUST BE SUBMITTED WITH THIS APPLICATION FORM

Signature and Date _____

Do not write below this line

Recommendation of enrollment committee:

Reject because:

Action by Council:

Eligible: Blood Degree

Reject for reasons recommended:

Date _____ Signature of Enrollment Officer _____

Date _____ Signature of Tribal Chairperson _____



Little Shell Tribe of Chippewa Indians of Montana
511 Central Avenue West
Great Falls, MT 59404
Office 406-315-2400 Fax 406-315-2401

INDIVIDUAL HISTORY CHART

(to be completed by an adult member of the family)

Applicant's Name: _____

Name of Applicant's Spouse: _____

Maiden Name: _____

Applicant's Father's name: _____ DOB _____

Applicant's Mother's name: _____ DOB _____

Names & birthdates of applicant's children: (indicate if male or female)

Name	DOB	M/F
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Names & birthdates of applicant's brothers:

Name	DOB
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Names & birthdates of applicant's sisters:

Name	DOB
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

PLEASE NOTE IF ANY ARE DECEASED AND DATE OF DEATH



Ancestral Chart

Blood Degree _____

1

Birth Date: Married: Death Date:
Town/City: Town/City: Town/City:

Name of Spouse

Father

2

Birth Date: Married: Death Date:
Town/City: Town/City: Town/City:
Blood Degree _____

Blood Degree _____

Town/City: Town/City: Town/City:

Birth Date: Married: Death Date:

3

Mother

Grand Father

4

Birth Date: Married: Death Date:
Town/City: Town/City: Town/City:
Blood Degree _____

Grand Mother

5

Birth Date: Married: Death Date:
Town/City: Town/City: Town/City:
Blood Degree _____

Grand Father

6

Birth Date: Married: Death Date:
Town/City: Town/City: Town/City:
Blood Degree _____

Grand Mother

7

Birth Date: Married: Death Date:
Town/City: Town/City: Town/City:
Blood Degree _____

Great Grand Father

8

Birth Date: Married: Death Date:
Town/City: Town/City: Town/City:
Blood Degree _____

Great Grand Father

10

Birth Date: Married: Death Date:
Town/City: Town/City: Town/City:
Blood Degree _____

Great Grand Father

12

Birth Date: Married: Death Date:
Town/City: Town/City: Town/City:
Blood Degree _____

Great Grand Father

14

Birth Date: Married: Death Date:
Town/City: Town/City: Town/City:
Blood Degree _____

Great Grand Mother

15

Birth Date: Married: Death Date:
Town/City: Town/City: Town/City:
Blood Degree _____

GG GF

GG GM

GG GF

GG GM

GG GF

GG GM

GG GF

GG GM

GG GF

GG GM

GG GF

GG GM

GG GF

GG GM

GG GF

GG GM

All women write in maiden name

Please list enrollment numbers for any members that are enrolled in a tribe or on the Roe Cloud list

Chart must be very complete when you turn it in.