

# 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. \$20 Application processing fee paid
3. Family tree chart completed for individual applying
4. Individual history chart completed
5. Original birth or baptismal certificate listing the names of your parents, if adopted please also include that original birth certificate &/or adoption papers
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 29<sup>th</sup>, 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 30<sup>th</sup> 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.**



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**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

**ORIGINAL 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 \_\_\_\_\_



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**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 \_\_\_\_\_

Blood Degree \_\_\_\_\_

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

Birth Date: Married: Death Date:

**5**

Grand Mother

Grand Father

**6**

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:

**7**

Grand Mother

Great Grand Father

**8**

Birth Date: Married: Death Date:

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

\_\_\_\_\_ Blood Degree \_\_\_\_\_

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

Birth Date: Married: Death Date:

**9**

Great Grand Mother

Great Grand Father

**10**

Birth Date: Married: Death Date:

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

\_\_\_\_\_ Blood Degree \_\_\_\_\_

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

Birth Date: Married: Death Date:

**11**

Great Grand Mother

Great Grand Father

**12**

Birth Date: Married: Death Date:

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

\_\_\_\_\_ Blood Degree \_\_\_\_\_

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

Birth Date: Married: Death Date:

**13**

Great Grand Mother

Great Grand Father

**14**

Birth Date: Married: Death Date:

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

\_\_\_\_\_ Blood Degree \_\_\_\_\_

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

Birth Date: Married: Death Date:

**15**

Great Grand Mother

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.