



ENROLLMENT APPLICATION

Enrollment
Department

Enrollment Criteria List:

1. Application completed, signed, and dated.
2. \$25.00 application processing fee paid.
3. Family tree chart (form included) completed for the individual applying for enrollment.
4. Individual history chart (form included with application) completed identifying immediate family.
5. Certified Birth Certificate. If adopted, please include pre and post adoption birthcertificates &/or the legal order of adoption
6. Have an ancestor who is a member of the Pembina tribe which includes one or more of the following:
 - A. Little Shell Tribe of Chippewa Indians of Montana Base Roll 2021
 - B. McCumber Roll of the Turtle Mountain Indians of 1892
 - C. Roe Cloud Roll of Landless Indians of Montana
 - D. McLaughlin Census 1917
7. If you have a parent(s) enrolled in any other tribe, please submit verification of their enrollment number (copy of their Tribal ID.) and certified blood degree from that tribe. This must be submitted with the individual's enrollment application.

***Application for a Tribal ID is a separate 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.**



APPLICATION FEE \$25.00

APPLICATION FEE REC'D _____

Applicant's Full Name: _____

Indian, maiden or another name which known: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ E-Mail address: _____

Street address or direction to your home: _____

Date of birth: _____ Place of birth: _____

If applicant is a minor (under the age of 18), please list the child's legal guardian: _____

If the child does not live at the above address, please provide the child's address. _____

Ancestor on base roll with whom enrollment rights are claimed: _____

Roll number: _____ Relationship: _____

DEGREE OF INDIAN BLOOD CLAIMED

Little Shell Tribe: _____ Other (Given degree and tribe): _____

Total degree of Indian blood claimed: _____

Are either of your parents enrolled as a member of another tribe? (Check one) _____ Yes _____ No

If yes, please identify which parent and their respective tribe: _____

Is the applicant an adopted child? (Check one) _____ Yes _____ No

Is the applicant enrolled with another tribe? (Check one) _____ Yes _____ No

Is the applicant a direct lineal descent of a member of the tribe? (Check one) _____ Yes _____ No

APPLICANT'S CERTIFIED BIRTH CERTIFICATE MUST BE SUBMITTED WITH THIS APPLICATION.

I, _____ (**PRINT NAME**), certify that all written statements and information provided is accurate and complete. I acknowledge that giving false information is grounds for penalties including the denial of this submitted application and the reimbursement of any future Little Shell Tribal benefits and/or services obtained through deception.

Applicant's Signature: _____ **Date:** _____

For office use only. PLEASE DO NOT WRITE BELOW THIS LINE.

Recommendation of enrollment committee: _____ Reject reason: _____ Action by Council: _____

Eligible: Blood degree _____ Reject for reasons recommended: _____

Date: _____ Signature of Enrollment Officer: _____

Date: _____ Signature of Tribal Chairperson: _____



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

