



TRIBAL ID REGISTRATION FORM

Chairman
Gerald Gray Jr.

1st Vice Chairman
Clarence Sivertsen

2nd Vice Chairwoman
Leona Kienenberger

Secretary/Treasurer
Colleen Hill

Council Members
Donald Davis
Alisa Herodes
Iris KillEagle

REQUIREMENTS TO OBTAIN A LITTLE SHELL TRIBAL IDENTIFICATION CARD

- MUST BE AN ENROLLED MEMBER OF THE LITTLE SHELL TRIBE
- A \$15.00 FEE IS REQUIRED AT TIME OF APPLICATION
- ACCEPTABLE FORMS OF PAYMENT: **Cash, Money Order, Cashier's Check and Credit/Debit Cards**

PLEASE FILL OUT THE FOLLOWING: (IF YOUR ENROLLMENT NUMBER IS UNKNOWN TO YOU, PLEASE LET OUR STAFF KNOW THIS AND THEY MAY RESEARCH IT FOR YOU.)

ENROLLMENT NUMBER: _____

NAME - FIRST: _____ MIDDLE: _____ LAST: _____

MAIDEN NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

SEX: (UNSPECIFIED, MALE, FEMALE OR TRANS) _____

EYE COLOR: _____ HEIGHT: _____ WIEGHT: _____

Applications may be submitted to the Tribal Office in person. If mailing your submission please return the completed application, passport sized clear in-color photo (this does include "selfies"), along with payment to the Little Shell Tribal Office at the following address.

Little Shell Tribe of Chippewa Indians of Montana
511 Central Ave. West - Great Falls MT 59404
Email Address: frontdesk@lstribe.org

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**Would you like to receive important updates from the Little Shell Tribe sent to your email or by text message?**

**YES \_\_\_ NO \_\_\_**

**THIS "NOTARIZED IDENTITY VERIFICATION" IS ONLY FOR THOSE WHO WILL BE MAILING IN THE ID REGISTRATION FORM. IF DELIVERING THE ID REGISTRATION FORM IN PERSON, PLEASE HAVE YOUR IDENTIFICATION VERIFICATION WITH YOU FOR OUR STAFF TO VERIFY.**

**NOTARIZED IDENTITY VERIFICATION**

PRINT FULL NAME: \_\_\_\_\_  
*(First Name, Middle Name, Last Name)*

EMAIL Address (optional): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

*I hereby represent that all above information is true and accurate.*

SIGNATURE: \_\_\_\_\_  
*(Sign in the Presence of a Notary)*

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

*I hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, twenty \_\_\_\_\_*

*Personally appeared before me the signer and subject of the above form, who signed or attested to the same in my presence, and presented the following form of identification as proof of his or her identity:*

\_\_\_ *Driver's License or Govt. Identification Card*

\_\_\_ *U.S. Passport*

\_\_\_ *U.S. Military ID Card*

\_\_\_ *State Identification Card*

\_\_\_ *Social Security Card*

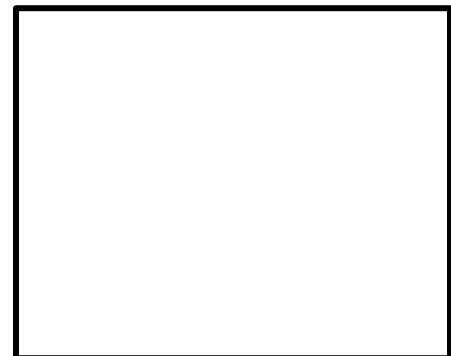
\_\_\_ *Birth Certificate*

\_\_\_ *Other:* \_\_\_\_\_  
*(Provide Description)*

*Notary Public:* \_\_\_\_\_

*My Commission Expires:* \_\_\_\_\_

*Notary Public Signature:* \_\_\_\_\_



*Reserved for Notary Stamp*