

LITTLE SHELL TRIBE OF CHIPPEWA INDIANS OF MONTANA
P.O. BOX 1384, 1807 3rd Street NW #35A
Great Falls, MT 59403

APPLICATION FEE \$5.00

APPLICATION FEE REC'D _____

APPLICATION FOR ENROLLMENT

Applicant's full name: _____
Indian, maiden, or other
Name by which known: _____

Mailing Address: _____

City _____ State _____ Zip _____ Telephone Number _____ Email Address _____

Street Address or Directions to Your Home _____

Date of Birth _____ Place of Birth _____

Ancestor on base roll through whom enrollment rights are claimed:
Name _____ Roll No. _____

Relationship _____

DEGREE OF INDIAN BLOOD CLAIMED:

Little Shell Tribe _____ Other (give degree & tribe) _____ Total degree Indian blood _____

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

If yes, which parent and with what tribe? _____

Is applicant an adopted child? _____ Yes _____ No

Is applicant enrolled with another tribe? _____ Yes _____ No

Is applicant a direct lineal descendant 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 APPLICATION FORM.**

Date signed _____ Signature _____

If sponsored application, relationship of sponsor to applicant _____

(Do not write below this line)

RECOMMENDATION OF ENROLLMENT COMMITTEE

APPROVE

ACTION BY COUNCIL

APPROVE

Reject because: _____

Reject for reasons recommended, _____

Date

Signature of Comm. Chair

Signature of Tribal Chairman

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INDIVIDUAL HISTORY CHART
(To be completed by adult member of the family)

Applicant's name: _____
Name of Applicant's spouse: _____
Maiden name: _____

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

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

Name & birth date of Applicant's Father: _____
Name & birth date of Applicant's Mother before
Married: _____

Names & birthdates of Applicant's brothers:

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

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

PLEASE NOTE IF THEY ARE DECEASED

