



**LITTLE SHELL TRIBE
OF CHIPPEWA INDIANS OF MONTANA
Enrollment Department**

511 Central Avenue West • Great Falls, MT 59404

Phone (406) 315-2400 • Fax (406) 315-2401

**FIRST-GENERATION DESCENDANT VERIFICATION REQUEST PROCESS &
REQUIREMENTS**

The Little Shell Tribe of Chippewa Indians of Montana (“Tribe”) has established a process to verify the status of individuals as a first-generation descendant of the Tribe. Individuals requiring formal verification as a Little Shell first-generation descendant must meet the requirements identified below, submit a completed form, and processing fee.

Eligibility for First-Generation Descendant Verification

The Little Shell Tribal Council has established the following requirements individuals must meet to receive a formal verification as a Little Shell first-generation descendant. A Requestor is **REQUIRED** to meet the following criteria:

1. The Requestor must have proof of Pembina ancestry that is documented on one of the following documents: (1) Little Shell Tribal Base Roll; (2) Roe Cloud Roll so long as the individual is listed to have Chippewa Blood; (3) the McCumber Roll; or (4) the McLaughlin Report.
2. The Requestor must provide evidence that a biological parent is a duly enrolled tribal member, as defined in the Little Shell Enrollment Code, and not currently listed on the Suspension List.

Checklist for Submitting a Complete Form

Each Requestor is responsible for providing the Enrollment Department with all required information and documentation. Incomplete requests will not be processed and may be returned to the applicant without reimbursement of the fee. Each Requestor is **REQUIRED** to provide the following:

1. Completed attached form. The form must be signed and dated; and
2. Requestor’s certified birth certificate listing the names of the biological parents. If the Requestor is adopted, the Applicant must provide original birth certificate and/or adoption papers; and
3. Documentation verifying a biological parent’s Little Shell Tribal enrollment; and
4. Pay the \$25.00 processing fee.

Completed Forms may be emailed to Enrollment@lstribe.org or by faxed to (406) 315-2401. Forms may also be mailed to: LST Enrollment Department, 511 Central Avenue West, Great Falls, MT 59404.

First-Generation Descendant Rights

The Tribe’s determination that an individual is a first-generation descendant does not create any rights or privileges within the Little Shell Tribe or make them eligible for tribal services. First-generation descendants are not Little Shell tribal members. The Tribal Council has approved the first-generation descendant status solely to assist first-generation descendants with obtaining federal, state, or other services.



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FIRST-GENERATION DESCENDANT VERIFICATION REQUEST FORM

REQUESTOR INFORMATION

Requestor's Full Name					
Maiden or Former Name					
Mailing Address Street					
City		State		Zip	
Phone Number		Email			
Date of Birth		Place of Birth			

ENROLLED BIOLOGICAL PARENT INFORMATION

First and Last Name of Enrolled Biological Parent	
Maiden or Former Name (if applicable)	
Date of Birth	
Enrollment Number	

I acknowledge and certify that all required documents have been submitted with this request. I further acknowledge that the LST Enrollment Office has the right to request additional documentation to complete the first-generation descendant verification process. I further acknowledge that the Tribe's determination that I am a first-generation descendant does not create any rights or privileges within the Little Shell Tribe or make me eligible for tribal services. The intent to verify first-generation descendant status is solely to assist first-generation descendants with obtaining federal, state, or other services.

Signature

Date

DO NOT WRITE BELOW THIS LINE – FOR ENROLLMENT DEPARTMENT STAFF ONLY

Recommendation of Enrollment Department	
Action by Little Shell Tribal Council	

Signature of Enrollment Officer		Date	
Signature of Tribal Chairperson		Date	