



LST
Enrollment
Department

Enrollment Application Criteria Check List

1. ___ **Application** – completed in full, signed, and dated.
2. ___ **\$25.00 application processing fee** – to be paid when application is submitted
ACCEPTABLE FORMS OF PAYMENT: Cash, Money Order, Cashier's Check, Credit/Debit Cards
3. ___ **Ancestral Chart** (Family Tree) – completed as accurately as possible by or for the individual applying for enrollment.
4. ___ **Individual History Chart** – completed, identifying applicants' immediate family.
5. ___ **Certified Birth Certificate** (this will be returned to you once it is verified by the enrollment). If adopted, please include the pre and post adoption birth certificates and/or legal order of adoption, these must also be **Certified documents**.
DO NOT SEND IN SOCIAL SECURITY CARDS
6. ___ Indicate on application and/or Ancestral Chart if applicant's parent(s) is/are enrolled in the Little Shell Tribe of Chippewa Indians of Montana, or other tribe. Include the name of tribe, enrollment number and blood degree. Include applicants descendency form if applicable.
ACCEPTABLE DOCUMENTATION: CIB (Certified Degree of Indian Blood)
7. ___ Applicant must have an ancestor who is a member of the Little Shell 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

PLEASE NOTE: THE APPLICATION FOR A TRIBAL ID IS A SEPARATE FORM

DO NOT include a Tribal ID application, photo or Tribal ID processing fee with your enrollment application. Should your enrollment be approved, an application for a Tribal ID will be included with the approved CIB document when mailed.

Completed Forms must be mailed to: LST Enrollment Department, 511 Central Avenue West, Great Falls, MT 59404. The completed forms and required documentation can also be dropped off at the office.



APPLICATION FEE \$25.00

APPLICATION FEE REC'D

Applicant's Full Name: _____

Indian, maiden or other name by which known: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail address: _____

Street Address or Directions 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 (Give degree and tribe): _____

Total degree of Indian blood claimed: _____

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

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

Is the applicant an adopted child? (must check one) _____ Yes _____ NO

Is the applicant enrolled with another Tribe? (must check one) _____ Yes _____ No

Is the applicant a direct lineal descent of a member of the tribe? (must 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 or misleading 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:

Action by Council:

Eligible: _____ Blood Degree _____ Reject reason: _____ 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

APPLICANT:

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.