



White Earth Tribal Enrollments

P.O. Box 506
White Earth, MN 56591
Phone: 800-710-4092
Fax: 218.935.3010

ADDRESS UPDATE/REQUEST FORM

FOR ENROLLED MEMBERS ONLY

Please print all information

Name:

First _____ Middle: _____ Last: _____

Blood Quantum: _____/_____/_____ Date of Birth: _____/_____/_____ Place of Birth: _____

SSN: _____ Home Phone: _____ Cell: _____

Email: _____ Enrollment #: _____ Veteran: ☐ Yes ☐ No

Mailing Address:

Physical Address:

				APT. #								
CITY:				STATE:			CITY:			STATE:		
ZIP CODE:			COUNTY:			ZIP CODE:			COUNTY:			
COMMUNITY:			DISTRICT:			COMMUNITY:			DISTRICT:			

COMMUNITY AND DISTRICT INFORMATION IS FOR ON RESERVATION ONLY

Mother:

Father:

FULL NAME/MAIDEN				FULL NAME:			
DOB:		BAND ID:		DOB:		BAND ID:	

BAND ID IS THE TRIBE WHERE INDIVIDUAL IS ENROLLED IN

Requesting:

- | | |
|--|---|
| <input type="checkbox"/> Address Update | <input type="checkbox"/> CDIB –Certified Degree of Indian Blood |
| <input type="checkbox"/> Anishinaabe Newspaper | <input type="checkbox"/> Copy of Birth Record (if available) |
| <input type="checkbox"/> B.I.A. Form 4432 | <input type="checkbox"/> Enrollment Card |
| <input type="checkbox"/> Name Change (Provide Proof) | |
| <input type="checkbox"/> Other: _____ | |

Signature: _____ Date: _____

- * Adults and Minors MUST provide a full Social Security Number
- * Complete and sign your OWN request. One per person, unless incapable, then a Power of Attorney and/or Guardianship documents must accompany the request.
- * Legal Name Change: Marriage, Divorce, Adoption. Must provide legal documentation.
- * White Earth Enrollment Cards are issued to Enrolled Members only.

Shannon Heisler
Enrollments Coordinator
Shannon.heisler@whiteearth-nsn.gov
218.935.6245

Shelley Scheler
Enrollment Clerk
shelley.scheler@whiteearth-nsn.gov
218.935.6247

Address Update: All information given on this form is encoded into the Minnesota Chippewa Tribe Database and is kept strictly CONFIDENTIAL.

Legal Name Change: Legal Documentation is needed for Enrollment staff to make the name change on the Enrollees enrollment records. This could include first, middle and/or last names. Documents used could be one or more of the following: Marriage License, Divorce Decree, driver's License with Social Security Card, or a legal name change document from a court system (judge's signature with date).

White Earth Enrollment Card: The ID cards are not picture Identification cards, but they do include your name, Enrollment Number, Date of Birth, place of Birth, Band, Blood Degree, and Reservation. These cards are only given to White Earth Enrolled members only.

Certification of Indian Blood Letters for Enrollees: These letters are issued to White Earth Members only. The CDIB letters state the Enrolled Members name, Date of Birth, Reservation, Band, Enrollment Number, Blood Degree, and are signed by the Executive Director or Director of Administration of the Minnesota Chippewa Tribe.

Certification of Indian Blood letters for Non-Enrollees Descendants: These letters are issued ONLY by White Earth Enrollment Staff. Which are only issued to a White Earth Tribal Member's Child (1st generation) and Grandchild (2nd generation). For White Earth Enrollment staff to provide this letter, the Original State certified Birth Certificate must accompany a Descendant Verification form for the 1st generation Descendant and a second form for a 2nd Generation Descendant. There is \$50 Non-refundable processing fee per Descendant request, please allow 10 business days from when the request is received. There is also a \$10 RUSH payment if needed prior to the 10-business day processing schedule, there will be a \$5 duplication fee for each copy. If you have had a Descendant letter, you will need to pay a \$5 duplication fee, and send a copy of it with the 2nd generation Descendant Verification form for your child. This change becomes EFFECTIVE May 15, 2016. We will take Cash, Check or Money Order. Please make it payable to: White Earth Enrollments. There will be NO EXCEPTIONS.

Form BIA 4432 (Indian Preference): This form is provided to an Enrolled Member who is applying for employment with Indian Health Service (IHS) or with the Bureau of Indian Affairs (BIA), it is to be submitted with your SF-171 or OF 612: Application for Federal Employment.

Enrollment Application: Must be filled out completely and returned with an Original Certified State Birth Certificate of the applicant. This form is used for applying for enrollment with the Minnesota Chippewa Tribe-White Earth Band. (Requirements available upon request)

Band Transfer/ Affidavit of Relinquishment Applications: These forms are used when applying to Band Transfer within the Minnesota Chippewa Tribe. The Affidavit of Relinquishment must be notarized, and a copy of the applicants Certified Birth Certificate must accompany both applications. (Requirements available upon request)

AN ADDRESS UPDATE/REQUEST FORM MUST BE COMPLETED BY AN ENROLLED MEMBER OR WITH A WHITE EARTH ENROLLMENT STAFF MEMBER IN ORDER FOR ANY REQUEST TO BE PROCESSED. IF YOU ARE REQUESTING FOR ANOTHER ADULT, IT WILL NOT BE TAKEN. *IF YOU ARE AN ADULT YOU MUST UPDATE/REQUEST YOURSELF, UNLESS YOU ARE CONSIDERED INCAPABLE, THEN A **POWER OF ATTORNEY/GUARDIANSHIP** MUST ACCOMPANY THE REQUEST.*

PLEASE PRINT LEGIBLY OR REQUEST MAY BE DENIED DUE TO NOT BEING ABLE TO READ. MUST FILL OUT COMPLETELY OR YOUR REQUEST WILL NOT BE PROCESSED

PLEASE INITIAL STATING THAT YOU HAVE READ THE INSTRUCTIONS: _____

***** **FOR OFFICE USE ONLY** *****

ID# 408 _____ **BQ:** _____

_____ **CARD PENDING SIGNATURE, INITIALED BY** _____

_____ **COMPLETED AND MAILED ON** _____ **BY** _____