



Bois Forte

TRIBAL GOVERNMENT

Application for Enrollment with Bois Forte Band of Chippewa

Warning: A false statement on any part of the application may result in a denial or loss of membership.

Applicant Information:	Is applicant enrolled with any other Tribe? Yes or No If Yes which Tribe?		Enrollment Use Only	
	Name: _____ First Middle Last Maiden			
	Date of Birth: _____ Place of Birth: _____		MCT Blood: _____ / _____ _____ %	
	Social Security #: _____ Name of other Indian Blood: _____			
	Mailing Address: _____ Street/PO Box City State Zip			
	Phone: _____			
	Signature (if over 18): _____ Date: _____			

Mother's Information:	Name: _____ First Middle Last Maiden		Enrollment Use Only	
	Date of Birth: _____ Place of Birth: _____		ID #: _____	
	Social Security #: _____ Where Mother is Enrolled: _____		AR #: _____	
	MCT Blood Quantum: _____ Name of other Indian Blood: _____		Enrollment Date: _____	
	Mailing Address: _____ Street/PO Box City State Zip		MCT Blood: _____ / _____ _____ %	
	Signature: _____ If Applicant is a minor		Band/Reservation: _____	
	Date: _____			

Father's Information:	Name: _____ First Middle Last		Enrollment Use Only	
	Date of Birth: _____ Place of Birth: _____		ID #: _____	
	Social Security #: _____ Where Father is Enrolled: _____		AR #: _____	
	MCT Blood Quantum: _____ Name of other Indian Blood: _____		Enrollment Date: _____	
	Mailing Address: _____ Street/PO Box City State Zip		MCT Blood: _____ / _____ _____ %	
	Signature: _____ If Applicant is a minor		Band/Reservation: _____	
	Date: _____			

Note: If applicant's parents are both enrolled within the Minnesota Chippewa Tribe, the applicant will be enrolled under the mother's reservation & band if not otherwise specified.

Applicant's original certified birth certificate (photocopies are not accepted); stating full name of father and full maiden name of mother must be submitted with application.

Mail application to: Bois Forte Tribal Government, Attn: Enrollment, 5344 Lakeshore Drive, Nett Lake, MN 55772.