



The Minnesota Chippewa Tribe

Document Request Form

Administration
218-335-8581
Toll Free: 888-322-7688
Fax: 218-335-8496
Home Loan
218-335-8582
Fax: 218-335-6925
Economic Development
218-335-8583
Fax: 218-335-8496
Education
218-335-8584
Fax: 218-335-2029
Human Services
218-335-8586
Fax: 218-335-8080

I am requesting:

- | | |
|--|--|
| <input type="checkbox"/> Address Update | <input type="checkbox"/> Form BIA 4432 (Indian Preference) |
| <input type="checkbox"/> Name Change (Legal Documentation) | <input type="checkbox"/> CIB -Non Enrollee Requesting |
| <input type="checkbox"/> CIB (Enrollee) | (See instructions page) |

Name _____ Maiden: _____
First Middle Last

Tribal ID#: _____ Reservation: _____ Blood Quantum: ____/____

Date of Birth: ____/____/____ Place of Birth: _____ Social Security # _____

Telephone: (____) _____ Cell Phone: (____) _____ Email: _____

Address: _____ Apt. #: _____ County: _____

City: _____ State: _____ Zip: _____ Marital Status: _____

If on reservation please list the Community in which you live in: _____

Mother: _____ Maiden: _____
First Middle Last

Father: _____
First Middle Last

Signature: _____ Date: _____

- * Adults and Minors **MUST** provide a Social Security Number.
- * Complete and sign your **OWN** request. One Per Person, UNLESS CONSIDERED INCOMPETENT, and then a power of attorney letter must accompany the request.
- * Legal Name Change: Marriage, Divorce, Adoption, **MUST PROVIDE LEGAL DOCUMENTATION.**

Mail Request To:

Minnesota Chippewa Tribe
Tribal Operations
PO Box 217
Cass Lake, MN 56633
Fax: 218-335-8496

Tribal Operations Staff Email Addresses:

jsmith@mnchippewatribe.org (Joel Smith)
kpermberton@mnchippewatribe.org (Karen Pemberton)
mreich@mnchippewatribe.org (Mary Reich)
dkingbird@mnchippewatribe.org (Danielle Kingbird)
pjohnston@mnchippewatribe.org (Pauline Johnston)

Minnesota Chippewa Tribe Website: mnchippewatribe.org

***PRINT LEGIBLY OR REQUEST MAY BE DENIED DUE TO NOT BEING ABLE TO READ.
MUST FILL OUT COMPLETELY OR COULD BE DENIED.**

Date Received: _____ Date Issued: _____ By: _____

Document Request Form - Instructions

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

Legal Name Change: Legal Documentation is needed in order for Tribal Operations Staff to make the name change on the enrollee's enrollment records. This could include first, middle, or last names. Documents used could be one or more of the following: marriage certificate, divorce decree, driver's license along with social security card, or a legal name change document from a court system.

Certification of Indian Blood Letters for Enrollees: These letters are issued to Minnesota Chippewa Tribe Enrolled Members only. The CIB 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.

Certification of Indian Blood Letters for Non-Enrollees: These letters are issued to a Minnesota Chippewa Tribe Enrolled Member's Child, however this also could include grandchild. In order for Tribal Operations Staff to provide this letter, copies of Certified Birth Certificates must accompany a letter of request. The Birth Records must go as far back as to whom the Enrolled Member is to prove the descendency. NO EXEPTIONS.

Form BIA 4432 (Indian Preference): This form is provided to an Enrolled Member who is applying for employment with Indian Health Services (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 a State certified copy of the Applicant's Birth Certificate. This form is used for applying for enrollment with the Minnesota Chippewa Tribe (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 applicant's 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 TRIBAL OPERATIONS 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 FOR YOURSELF, UNLESS CONSIDERED INCAPABLE, THEN A POWER OF ATTORNEY MUST ACCOMPANY REQUEST.