



# The Minnesota Chippewa Tribe

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

## ***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.

**Minnesota Chippewa Tribe Identification Card:** The ID Cards are not picturing ID's, but include your Name, ID#, Date of Birth, Place of Birth, Band, Blood Degree, and are signed by the President of the Minnesota Chippewa Tribe.

**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 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.**



# 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:**

- Address Update
- Name Change (Legal Documentation)
- CIB (Enrollee)
- Enrollment Card (*ENROLLED MEMBERS ONLY*)
- Form BIA 4432 (Indian Preference)
- CIB -Non Enrollee Requesting *See instructions above*

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.**
- \* Minnesota Chippewa Tribe Cards are issued to enrolled members only.

**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](mailto:jsmith@mnchippewatribe.org) (Joel Smith)  
[kpemberton@mnchippewatribe.org](mailto:kpemberton@mnchippewatribe.org) (Karen Pemberton)  
[mreich@mnchippewatribe.org](mailto:mreich@mnchippewatribe.org) (Mary Reich)  
[kguinn@mnchippewatribe.org](mailto:kguinn@mnchippewatribe.org) (Karina Guinn)

**Minnesota Chippewa Tribe Website: [mnchippewatribe.org](http://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: \_\_\_\_\_