



# Document Request Form

Office: 15542 State Hwy 371 NW  
Cass Lake, MN 56633

Mailing Address: P.O. Box 217  
Cass Lake, MN 56633

Phone: 218-335-8581

Fax: 218-3359496

## Request Type

- |  |  |
|--|--|
| <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 (See instructions page) |
| <input type="checkbox"/> CIB (Enrollee)                    |  |

## Personal Information

First Name:	Middle Name:	Last Name:
Tribal ID#:	Reservation:	Blood Quantum: /
Date of Birth:	Place of Birth:	Social Security #:
Telephone:	Cell Phone:	Email:
Address:	Marital Status:	
Apt #:	If on reservation please list the Community in which you live:	
City:	Mother:	Maiden:
State: Zip:	Father:	
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.*

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

## Mailing Instructions

<b>Mail Request To:</b> Minnesota Chippewa Tribe Tribal Operations P.O. Box 217 Cass Lake, MN 56633 Fax: 218-335-8496	<b>Tribal Operations Staff Email Address:</b> jsmith@mnchippewatribe.org (Joel Smith) kpemberton@mnchippewatribe.org (Karen Pemberton) mreich@mnchippewatribe.org (Mary Reich) dkingbird@mnchippewatribe.org (Danielle Kingbird)  <b>Minnesota Chippewa Tribe Website:</b> mnchippewatribe.org
--	--

## Office Use Only

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 wiht Indian Health Services (IHS) or with the Bureau of Indian Affairs (BIA), it is to be submitted with yoru 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 in an adult you must update/request for yourself, unless considered incapable, then a power of attorney must accompany request.**



Office: 15542 State Hwy 371 NW  
Cass Lake, MN 56633

Mailing Address: P.O. Box 217  
Cass Lake, MN 56633

Phone: 218-335-8581  
Fax: 218-3359496