



**Enrollment
Department**

P.O. Box 1628

Sault Ste. Marie

Michigan

49783

Phone

906.632.8552

906.635.3396

Toll Free

1-800-251-6597

Fax

906.632.1648

Dear Tribal Parent(s):

You recently contacted our office requesting the enrollment of your minor child(ren) with the Sault Ste. Marie Tribe of Chippewa Indians.

Please fill out the front portion of the enclosed form to enroll your minor child(ren). The form is to be filled out, signed, and dated by the tribal parent. You will also need to submit a copy of the courthouse birth certificate of each child you are enrolling. If available, please send a copy of their social security card as well. You do not need to send in birth certificates for any other child other than the one(s) you wish to enroll at this time; however, please list all your minor children on the form.

You may wish to keep a copy of the form for your records before sending it in to our office. If you have any questions please do not hesitate to contact the Enrollment Department at the left address or phone number.

Sincerely,

Enrollment Dept.

enclosure



SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS

P.O. Box 1628
Sault Ste. Marie, MI 49783

PLEASE TYPE OR PRINT

TRIBAL PARENT

(Last)

(First)

(Middle)

(Maiden)

Mailing Address _____

(Street, Route or PO Box)

(City)

(State)

(Zip Code)

(County)

Birthdate		
MONTH	DAY	YEAR

Male
 Female

Social Security No.

Marital Status

Single
 Married
 Separated
 Divorced
 Widowed

Weight _____ Hair _____

Height _____ Eyes _____

Phone No. _____

Citizenship US _____ Canada _____ Other _____

If you are enrolled with any other Tribe or organization, please name _____

Spouse's full name _____
(Last) (First) (M.I.) (Maiden)

Address _____
(If same as above, write same)

Is spouse enrolled with a Tribe or organization, please name: _____

List ALL children under 18 living at home: (attach birth certificates for each child)

NAME	SOCIAL SECURITY NO.	SEX	DATE OF BIRTH	IS THIS YOUR BIOLOGICAL CHILD?
_____	_____	_____	_____	____ YES ____ NO
_____	_____	_____	_____	____ YES ____ NO
_____	_____	_____	_____	____ YES ____ NO
_____	_____	_____	_____	____ YES ____ NO
_____	_____	_____	_____	____ YES ____ NO
_____	_____	_____	_____	____ YES ____ NO
_____	_____	_____	_____	____ YES ____ NO
_____	_____	_____	_____	____ YES ____ NO

ARE ANY OF YOUR CHILDREN ENROLLED WITH ANOTHER TRIBE OR BAND IN NORTH AMERICA? ____ YES ____ NO

NAME OF CHILDREN ENROLLED WITH OTHER TRIBE OR BAND: _____

NAME OF TRIBE OR BAND: _____

IS THIS TRIBE OR BAND FEDERALLY RECOGNIZED? ____ YES ____ NO

In executing the foregoing application and making the statements therein set forth and attached thereto, I am fully aware of the provisions of section 1001-title 18, U.S.C, providing in effect that any person or persons in connection with "any matter with the jurisdiction of any department or agency of the United States who knowingly and willfully falsifies, or covers up by any trick, scheme or misrepresentation, or makes or uses any false writing or document, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined no more than \$10,000.00 or imprisoned not more than five years, or both."

PARENT SIGNATURE

Date

Tribal Registrar's Signature

Date