

The Chippewa Cree Tribe of the Rocky Boy's Reservation

Phone: (406) 395-4478 or 4210 - Finance Office
(406) 395-4282 or 4321 - Business Committee

RR 1 #544
Box Elder, MT 59521

ENROLLMENT APPLICATION PACKET

**THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THE
APPLICATION FORM:**

CERTIFIED BIRTH CERTIFICATE

PATERNITY AFFIDAVIT

CERTIFICATE OF INDIAN BLOOD
(if either parent is enrolled with another tribe)

**VERIFICATION OF CLAIM FORM (including proof of claim – i.e.
wage stubs, dd-214, school records, etc.**

SIGNATURE OF BOTH PARENTS

SOCIAL SECURITY CARD

PLEASE NOTE!!!!!!

**THE APPLICATION FORM MUST BE COMPLETED IN ITS ENTIRETY,
INCLUDING ALL DOCUMENTS. THE ENROLLMENT DEPARTMENT
WILL NOT COMPLETE ANY PART FOR YOU. IF AN INCOMPLETE
APPLICATION IS RECEIVED, THE APPLICATION WILL BE RETURNED
TO YOU FOR COMPLETION AND WILL RESULT IN A DELAY OF THE
APPLICATION BEING PROCESSED.**

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ENROLLMENT APPLICATION Chippewa Cree Tribe of the Rocky Boy's Indian Reservation

Pursuant to Ordinance #1-77, as amended, this application and supporting documents and evidence must be completed and submitted to the Chippewa Cree Tribal Enrollment Department to determine the applicant's eligibility for enrollment.

Name of Applicant: _____ DOB: _____
Place of Birth: _____ Social Security No.: _____ M _____ F _____
BQ: _____

Name of Natural Father: _____ DOB: _____
Place of Birth: _____ Social Security No.: _____ BQ: _____
Enrollment No.: _____ Agency Enrolled with: _____

Name of Natural Mother: _____ DOB: _____
Place of Birth: _____ Social Security No.: _____ BQ: _____
Enrollment No.: _____ Agency Enrolled with: _____

IS THE APPLICANT ADOPTED? _____

IS THE APPLICANT AN ENROLLED MEMBER OF ANOTHER TRIBE? _____

ADDRESS AT THE TIME OF CHILD'S BIRTH: _____

PRESENT MAILING ADDRESS: _____

Please attach the following:

- CERTIFIED BIRTH CERTIFICATE (blue or green with state seal)
- PATERNITY AFFIDAVIT – REQUIRED (signed and notarized)
- CERTIFICATE OF INDIAN BLOOD (if either parent is enrolled with another tribe)
- SOCIAL SECURITY CARD
- VERIFICATION OF CLAIM FORM (this form is required if the parent was residing off-reservation at the time of the child's birth. Proof of claim must also be attached.)

APPLICATION FOR: _____ ENROLLMENT _____ REINSTATEMENT _____ ADOPTION

Applicant, parent, or guardian do hereby certify that the information provided in this application is true and correct to the best of my knowledge. *I understand that mis-representation, omission or falsified information of the fact called for is cause for denial for enrollment.*

Applicant's Signature: _____ Date: _____
Father's Signature: _____ Date: _____
Mother's Signature: _____ Date: _____
Guardian's Signature: _____ Date: _____

THE BURDEN OF PROOF IS ON THE APPLICANT AND APPLICANT MUST PROVIDE ALL DOCUMENTS AND INFORMATION REQUESTED.

SUBMIT APPLICATION TO:
Chippewa Cree Tribe – Attn: Enrollment
RR1, Box 544
Box Elder, Montana 59521

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VERIFICATION OF CLAIM FORM

Date: _____

TO THE ENROLLMENT COMMITTEE OF THE CHIPPEWA CREE TRIBE OF THE ROCKY BOY'S INDIAN RESERVATION:

I wish to enroll MYSELF ____, MY CHILD ____ under **Article II, Sub-Section 1-b** of the Chippewa Cree Constitution & By-laws, and **Resolution 13-91** because at the time of my birth (my child's birth ____), I was residing off-reservation for the reason(s) stated below:

1. ___ MILITARY 2. ___ EMPLOYMENT 3. ___ EDUCATION 4. ___ HEALTH

Please Note: If you were residing off the reservation for any of the reasons listed above, enrollment eligibility will be determined under Article II, Section 1 (b) of the Chippewa Cree Constitution & By-Laws, and Resolution 13-91 which defines residency. There is no minimum blood quantum requirement under this section; however, **VERIFICATION OF THE REASON CHECKED ABOVE MUST BE ATTACHED FOR THE PERIOD BEFORE AND UP TO THE CHILD'S BIRTH.** (i.e. Pay Stubs, W-2, Military records, School Records, Doctor & medical statements/records).

5. ___ I was residing off-reservation for reasons other than the four listed above. (Please note – Enrollment eligibility will be determined under Chippewa Cree Constitution & By-Laws, Section 1-c, which requires a minimum blood quantum of **one-half (1/2) or more.**

6. ___ I was residing on-reservation at the time of my child's birth.

Signature

Date

NOTARY SEAL

residing at _____ Notary Public for the State of Montana,
My Commission expires _____.

