

Name: First Middle Last Jr., Sr., Etc.

Indian, Maiden or other name by which known Area Code Telephone Number

Mailing Address City State Zip Code

Date of Birth Place of Birth Social Security Number

ANCESTOR(S) THROUGH WHOM ENROLLMENT RIGHTS ARE CLAIMED:

Name Roll Number Relationship

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- 1) Are you or your parents enrolled as a member of another Band/Tribe? No \*Yes
\* If yes, with what tribe
2) Is Applicant an adopted child? No Yes
3) Did you share in the Indian Claims Commission Judgment Award Docket 57? No Yes
(Saginaw, Swan Creek, Black River Chippewa)
4) Did you share in the Indian Claims Commission Judgment Award Docket 40-K? No Yes
(Grand River Ottawa).
5) Did you share in the March 16, 1984, or the March 4, 1987 Potawatomi Indian Claims Commission Judgment Award? No Yes
6) Have you ever received a BUREAU OF INDIAN AFFAIRS BLOOD CERTIFICATION for health, education, employment or any other specific purpose? No Yes
If yes, please enclose a COPY of the certification.

COPIES OF BIRTH CERTIFICATES, BAPTISMAL CERTIFICATES, DEATH CERTIFICATES, MARRIAGE LICENSE, OR OTHER EVIDENCE OF LINEAL DESCENT MUST ACCOMPANY EACH APPLICATION.

Signature of Applicant Date

If this application is being filled out on behalf of another, please complete the following:

Your Name Relationship Telephone Number

THIS APPLICATION DOES NOT GUARANTEE MEMBERSHIP TO THE GRAND RIVER BANDS OF OTTAWA INDIANS. ALL INFORMATION IS SUBJECT TO VERIFICATION.

Do not write below this line

Recommendation of Enrollment Officer Action by Council

Approve Approve
Reject because Reject for reasons recommended, or

Date Signature of Enrollment Clerk Date Signature of Chairperson