



LCO Citizenship Services Office  
 13394 W Trepania Road  
 Hayward, WI 54843  
 Phone: 715-634-8934  
 Toll Free: 800-633-6093  
 Fax: 715-634-0138

**Lac Courte Oreilles  
 Application for Citizenship**

\$3 Application Fee

Date Received \_\_\_\_\_

**Applicant's Full Name:** \_\_\_\_\_  
 (First) (Middle) (Last)

Other names by which known (**Maiden** name, **Indian** name, **Clan** name): \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ (City) (State) (Zip code)

**Date of Birth** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

**Ancestor on 1940 base roll whom citizenship rights are claimed:**

Name: \_\_\_\_\_ Roll No. \_\_\_\_\_ Relationship: \_\_\_\_\_

**Degree of Ojibwe Blood claimed:** LCO \_\_\_\_\_ Other \_\_\_\_\_ Total Degree of Ojibwe Blood \_\_\_\_\_

Is either of your parents ENROLLED as a citizen/member of another tribe? \_\_\_Yes \_\_\_No

*If YES, which parent? \_\_\_\_\_ Name of tribe: \_\_\_\_\_*

Is applicant ENROLLED with another tribe? \_\_\_Yes \_\_\_No

*If YES, with what tribe? \_\_\_\_\_*

Is applicant a lineal descendant of an LCO tribal citizen? \_\_\_Yes \_\_\_No

Is applicant a United States citizen? \_\_\_Yes \_\_\_No

Is applicant an ADOPTED child? \_\_\_Yes \_\_\_No

Is applicant a U.S. Veteran? \_\_\_Yes \_\_\_No Branch \_\_\_\_\_

***A false statement on any part of the application may result in a denial or loss of citizenship under §1.709(1) Title IV-Chapter 1 of the Citizenship Code of the Lac Courte Oreilles Band as amended 2015.***

\_\_\_\_\_  
 Print name of person signing application

\_\_\_\_\_  
 Signature of applicant  
 (if under 18 years of age, signature of parent or legal guardian)

\_\_\_\_\_  
 Date signed

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 E-mail Address

***All applications must have a CERTIFIED/ORIGINAL Certificate of Live Birth submitted for proof of birth and verification of family tree***