



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

\$3 Application Fee

**Lac Courte Oreilles
Application for Citizenship**

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 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