LUMMI INDIAN BUSINESS COUNCIL
2665 KWINA ROAD BELLINGHAM, WASHINGTON 98226 (360) 312-2000
DEPARTMENT Enrollment DIRECT NO. 360.312.2398

DESCENDANT APPLICATION

Fill Out Completely, Blank Spaces Will Cause Delay in Process. Use blue/black ink only.

DESCENDANT APPLICATION FEE SCHEDULE

Enrollment Staff Initials

ADMINISTRATIVE FEE $25/PER APPLICATION **RECEIPT #:**_____ **RECEIVED BY:** _____

DNA TEST KIT FEE $50/PER PERSON **RECEIPT #:**_____ **RECEIVED BY:** _____

Applicant Name: _____
Last, Suffix First Middle Maiden

Address: _____ Apt/Bldg/Unit#: _____

City: _____ State: _____ Zip Code: _____

Primary Phone:_____ Cell: _____ Message:_____

Email Address: _____

Date of Birth: _____ Birth City/State: _____ Birth Location: _____

Gender *(check one)*: Male ☐ Female ☐ Social Security Number: _____

Please answer the following questions:

→ Is applicant an adopted child? Yes ☐ No ☐

→ Have you ever applied for descendancy here before? Yes ☐ No ☐

→ Is descendancy solely dependent on the Lummi Father's Indian Blood? Yes ☐ No ☐

→ Is applicant a member of another band/nation/tribe? Yes ☐ No ☐

If yes, list applicant's band/nation/tribe _____

→ Is applicant's biological parent(s) a member of another band/nation/tribe? Yes ☐ No ☐

Mother's band/nation/tribe _____ ▪ Father's band/nation/tribe _____

Please note: DNA testing is required from all parties (i.e. child, mother, and father), fees are due upon receipt of application.

THIS DESCENDANT APPLICATION IS INCOMPLETE WITHOUT REQUIRED SIGNATURE(S).

By signing this application, I attest to the best of my knowledge, that this information is true and correct.

Any errors and/or false statements will render this application null and void.

Applicant Signature: _____ Date:_____

Applicant Print Name: _____

If under eighteen (18), the applicant's parent(s) must sign/date this Descendant Application.

Mother Signature: _____ Date: _____

Mother Print Name: _____

Father Signature: _____ Date: _____

Father Print Name: _____

Revised November 2024

Date Received _____ ROI Signed _____
Birth Certificate _____ DNA Attached _____

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Lummi Descendant Eligibility Requirements

Applicants must provide the following:

- ☐ Application fee and receipt attached to application is required.
  - ☐ Administrative fee $25/ per application
  - ☐ DNA Test Kit fee $50/ per person
- ☐ **Descendant Application** must be completed, signed, and dated
  - ☐ **Release of Information** form must be completed, signed, dated, and notarized by a Notary Public
  - ☐ **Family Tree** form must be filled out completely. Use only **maiden names** for women
- ☐ DNA required for all parties (i.e., child, mother, and/or father); fees are due upon receipt of application
- ☐ Certified Birth Certificate, **Original Only**
- ☐ Verified Indian Blood Degree's of other Affiliated Tribes
- ☐ Enrollment Status Report from any other Affiliated Tribes
- ☐ Other Support Documents i.e., certified Marriage Certificate, legal name change, court ordered custody
- ☐ Contact information up-to-date (i.e.: phone number(s), email address, and/or address)
- ☐ Any other information required will be identified by the intake enrollment specialist