



LEAGUE OF INDIAN NATIONS OF NORTH AMERICA LINNA



DIRECTIONS FOR PROPERLY FILING YOUR FORMS:

Part 1: (PLEASE DO NOT PRINT ON BOTH SIDES OF THE PAGE or use any editing software to MODIFY/ALTER the application, doing so will cause your application to be returned.)

- 1) You need a copy of your birth certificate or baptismal (long form)
- 2) A copy of your drivers' license/state ID both sides please or passport
- 3) Ladies make sure maiden name is on right hand side of first page.
- 4) Start with your parents: their birth certificate and/or, baptismal and marriage certificate.
- 5) If you have changed your name through the courts, please include copy of Decree.
- 6) You must submit 2 physical colored passport size photos of yourself.

Requirements

Information is needed where aboriginal ancestral descendants begin. If the aboriginal is on your mother's side, start there. The aboriginal Ancestry could begin in the 1800's or earlier. The number of generations, 5 or 15, as long as you find something. It is to your advantage to have this information. This is for your own protection.

To do a proper research of your ancestors, do it for both sides of the family.

Eg: Grandfather's: name, date and place of birth.

Grandmother's: maiden name, date and place of birth.

- Long form birth certificate, or baptismal, and marriage certificate, is required for all involved. Only photocopies of these certificates please. Now repeat for your father's side.

Part 2:

- The Statement under Oath must be properly witnessed. As explained on the Form, a Traditional Chief, Solicitor, Notary or Justice of the Peace, can sign this document.

Please print, sign and mail entire application, including page 1 along with your genealogy. If you do not have all items from Part1 and Part2 completed, do not send in application.

Should you require more information, please do not hesitate to contact the office.



**STATEMENT UNDER OATH
LEAGUE OF INDIAN NATIONS OF NORTH AMERICA**

I the undersigned _____ Occupation _____
(Print name and occupation.)

Address _____ City _____ Prov/State _____
(Do not use PO Boxes)

Postal code/Zip _____ Date of Birth: Day _____ Month _____ Year _____

Telephone Number _____ Other Contact Number _____

Email Address _____

I do declare that:

- 1) My true identity is as noted above.
- 2) I am currently an Indian member of the following community or band:

(name of community or band)

My reason(s) for seeking enrollment in LINNA:

I was previously an Indian member of the following community or band:

(name of community or band)

My reason(s) for leaving the community or band:

- 3) I am able to prove my Aboriginal identity with documents or recognized status of a family member or Aboriginal community.
- 4) I commit myself to respect the laws and rules of LEAGUE OF INDIAN NATIONS OF NORTH AMERICA.
- 5) To the best of my knowledge all information thereof is true.

IN GOOD FAITH, I sign this statement this _____ day of _____ 20__.

Must be witnessed by a Solicitor or Notary, civil servant (Justice of the Peace) etc.

Signature or Applicant: _____

Signature of Witness: _____



LEAGUE OF INDIAN NATIONS OF NORTH AMERICA

SUITE 203
c/o Administration Office
3041 Dougall Avenue
Windsor, Ontario N9E 1S3



Website: www.linnacanada.org OR www.linna.ca

AFFIRMATION

Note: There is a **\$225 CAD** re-issue fee for current card holders on the Canada side and **\$175 USD** for members on the **USA** side. The card holders must surrender their old cards to receive the new identification cards now being issued.

There is a non-refundable administration fee of **\$400.00 CAD** for new applicants on the Canadian side payable to League of Indian Nations of North America and **\$300 USD** card for members on the **USA** side payable to **LINNA-CA**. Fees can be paid by Money Orders or Cashier Checks.

I affirm that I have given truthful and legal information in this application. I also affirm that the information provided is MY sole responsibility and not the responsibility of (League of Indian Nations of North America of any changes and/or updates in regards to my application.

Please press firmly with a blue or black ink pen.

This signature is the signature that will be on your card, please stay within this line. _____

Ladies please use your maiden name only, as this is your aboriginal birth right.

Signature: _____

Date _____



LINNA CANADA Intake Information

Place and Date of Application _____

Name _____
 Family, First and Middle _____ known by other names/Family/maiden _____

Present Address _____
 Number/Street _____ City/Town _____ State _____ Zip Code _____
 (Do not use PO Boxes)

Telephone no. _____ Email _____

Date of Birth: d _____ m _____ y _____ Place of Birth: _____

Family Information ... Please be as complete as possible; all information confidential

Mother's Name _____ d _____ m _____ y _____
 Family, First, Middle _____ Date of Birth _____ Maiden Name _____

Father's Name _____ d _____ m _____ y _____
 Family, First, Middle _____ Date of Birth _____ Place of Birth _____

Brother/ Sisters	Last; First, Middle	M/F	Date of Birth (dmy)	Place
Children	Last; First, Middle	M/F	Date of Birth (dmy)	Place

If more space is needed, please use back of application.



LINNA CA ID Card Intake Information

For faster processing, please include the following information:

First Name: _____ Middle Name: _____

Last Name: _____

DOB: _____ (mm/dd/yyyy)

Height: _____

Weight: _____

Eye Color: _____

Hair Color: _____

Gender: _____

Address: _____

(Do not use PO Boxes)

City: _____ State: _____

Zip code: _____

Phone #: _____ Other Contact #: _____

Email: _____

Sign in **blue** or **Black** ink in space below:



Place photo in space Below:

For Office Use Only:

LINNA ID# _____

Administration: _____