



# Mendota Mdewakanton Dakota Tribal Community Enrollment Application

1200 Center Pointe Curve  
Suite 300  
Mendota Heights, MN 55120

Phone: 626-399-2653  
Email: [secretary@mendotadakota.org](mailto:secretary@mendotadakota.org)  
Website: <https://www.mendotadakota.org>

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**Step 1** Applicant submits a completed MMDTC Enrollment Application, along with all necessary attachments to:

MMDTC Membership Committee  
Mendota Mdewakanton Dakota Tribal Community  
1200 Centre Point Curve  
Suite 300  
Mendota, MN 55120

**Step 2** The MMDTC Membership Committee reviews the Enrollment Application and attachments to determine eligibility.

**Step 3** The MMDTC Membership Committee informs the applicant of its decision:

- **Application is incomplete:** MMDTC Membership Committee will communicate in writing to the applicant specifying what further information or documentation is needed.
- **Application is complete:**
  - Accepted – MMDTC Membership Committee will send a letter to the applicant informing them that they have been enrolled in the community.
  - Denied – MMDTC Membership Committee will send a letter to the applicant explaining why their application is not eligible to be enrolled in the community.

## Part A: Membership Criteria

To be eligible to enroll in the Mendota Mdewakanton Dakota Tribal Community, the applicant must prove that they are a lineal descendant of at least one Dakota ancestor listed on one of the following documents:

- “Halfbreed Claimants of the Sioux of the Mississippi” from the Treaty of 1837
- Johnson and Johnson Report (1855-1856)
- Mendota Camp Census of 1886
- Schedule of Indian Population for Mendota, Dakota County, MN on the U.S. Federal Census of 1900
- Schedule of Indian Population for Mendota, Dakota County, MN on the U.S. Federal Census of 1910

It is the responsibility of the applicant to submit their certified birth certificate as well as copies of all written documents necessary to prove their descent from their ancestor that appears on any of these rolls. Such documents may include: (1) birth certificates, (2) baptismal records, (3) marriage certificates, (4) death certificates, (5) federal, state, and Indian censuses, (6) adoption records, (7) divorce records, (8) last wills and testaments, (9) military draft and service records, (10) tax records, and (11) obituaries. Oral testimony and family lore will not be accepted as proof of ancestry.

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PART B: ABOUT YOU			
Today's Date			
Last Name	First Name	M.I.	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Maiden, Indian, or other name by which you are known			
Address	City	State	Zip Code
Home Phone	Cell phone	Work Phone	
Email			
<i>(city, county, state)</i>			
Date of Birth	Place of Birth		
Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Mdewakanton blood Degree	
Enrolled with another tribe? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of the tribe	
(if yes, the Dual Enrollment Consent form is required)			

PART C: PROOF OF DESCENDANCY (Dakota ancestor from whom you are descended)		
Last Name	First Name	M.I.
Mdewakanton Blood Degree		
Census used	Census Number	
Evidence (originals or certified copies) of your birth date and parentage <b>must</b> be attached.		
<ul style="list-style-type: none"> <li>• Birth or Baptismal Certificate</li> <li>• Marriage Certificate (if your name was changed)</li> </ul>	<ul style="list-style-type: none"> <li>• Family Tree (form attached)</li> </ul>	
<b><i>Please include all certificates connecting you to your Dakota ancestor listed above.</i></b>		

PART C: SUBSECTION 1: ABOUT YOUR FAMILY HISTORY – YOUR FATHER		
Last Name	First Name	M.I.
Mdewakanton Blood Degree		
<i>(city, county, state)</i>		
Date of Birth	Place of Birth	
<i>(city, county, state)</i>		
Date of Death	Place of Death	
Enrolled with another tribe? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of the tribe
Father's Father Last Name	First Name	M.I.
Mdewakanton Blood Degree		
Father's Mother Maiden Name	First Name	M.I.
Mdewakanton Blood Degree		

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PART C: SUBSECTION 1: ABOUT YOUR FAMILY HISTORY – YOUR MOTHER			
Last Name	First Name	M.I.	
Mdewakanton Blood Degree			
Date of Birth	Place of Birth	(city, county, state)	
Date of Death	Place of Death	(city, county, state)	
Enrolled with another tribe? Yes <input type="checkbox"/> No <input type="checkbox"/> Name of the tribe			
Mother's Father Last Name	First Name	M.I.	
Mdewakanton Blood Degree			
Mother's Mother Maiden Name	First Name	M.I.	
Mdewakanton Blood Degree			

COMPLETE THIS SECTION IF APPLICATION IS FILED ON BEHALF OF ANOTHER PERSON			
Name of legal guardian filing this application			
Address	City	State	Zip Code
Home Phone	Cell phone	Work Phone	
Email			
Relationship to applicant			

Continue application on next page

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## Part D: VERIFICATION

Being of legal age, I hereby consent to have my name enumerated on the census roll of the Mendota Mdewakanton Dakota Tribal Community of the State of Minnesota.

I certify that all information in this application is true and correct. I am aware that criminal penalties are provided by statute for knowingly making false statements.

In accordance with the MMDTC Constitution, any person found to have been enrolled under fraudulent or erroneous means will have their name(s) stricken from the membership records and will lose all privileges, rights, and obligations as a member of the Community.

Applicant's Name (please print)

Applicant's (or legal guardian) Signature

Date

### Notary Public:

State of \_\_\_\_\_

County of \_\_\_\_\_

The applicant, named above, did sign this Enrollment Application Form in my presence. on

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

(Notary seal)

\_\_\_\_\_  
(Signature of notarial officer)

\_\_\_\_\_  
(printed name of notarial officer)

My commission expires: \_\_\_\_\_

## FOR OFFICE USE ONLY

Date Received:

Received by (name):

Date Reviewed:

Tribal ID:

Membership Status: Accepted  Denied  Date:

Reason for Denial:

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## INDIVIDUAL HISTORY CHART

To be completed by each applicant (or legal guardian, if applicable)

Applicant's Name

Name of Applicant's Spouse  
(include name before marriage if applicable)

Names of Applicant's Children (indicate whether each child is male or female)

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Name of Applicant's Father

Name of Applicant's Mother (include name before marriage if applicable)

Names of Applicant's Brothers

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Names of Applicant's Sisters

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.



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## DUAL ENROLLMENT CONSENT FORM

Last Name

First Name

M.I.

I, being an enrolled member of the \_\_\_\_\_ Tribe / Community, hereby state, my intention of relinquishing all my rights, and membership in full, including any, and all land assignments, or allotments with the foregoing Tribe / Community. The date of this relinquishment as a member of the foregoing Tribe / Community begins on the day of an affirmative final decision for federal recognition of the Mendota Mdewakanton Dakota Tribal Community. I give my consent to have my name enumerated on the census roll of the Mendota Mdewakanton Dakota Tribal Community of the State of Minnesota.

Enrollee's Signature:

Date:

### Notary Public:

State of \_\_\_\_\_

County of \_\_\_\_\_

The applicant, named above, did sign this Dual Enrollment Consent Form in my presence. on

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

(Notary seal)

\_\_\_\_\_  
(Signature of notarial officer)

\_\_\_\_\_  
(Printed name of notary)

Notary Public

My commission expires: \_\_\_\_\_

### FOR OFFICE USE ONLY

Membership Committee:

- Verify that this form has been filled out completely.
- Verify that the person named above matches the name on the Enrollment Application, or is a currently enrolled member on file.
- File this form with the Enrollment Application or in the enrollee's membership file.

Committee Member's Name (please print):

Date completed: