



# LEAGUE OF INDIAN NATIONS OF NORTH AMERICA LINNA



## **DIRECTIONS FOR PROPERLY FILING YOUR FORMS:**

### **Part 1:**

- 1) You need a copy of your birth certificate or baptismal (long form)
- 2) 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) **Please print legibly when filling out the application.**
- 7) **Do not use any editing software to alter/modify the application, doing so will result in the application being returned per LINNA North guidelines.**
- 8) **Please include an Intake form (Page 5) per child along with their passport size photo.**

### **Requirements**

Information is needed where aboriginal ancestral descendants begins.

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.

You must submit **2 physical colored passport size photos of yourself.**

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





**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) That I am of Aboriginal origin or descendant from Aboriginal Ancestors as follows:

\_\_\_\_\_  
(name of aboriginal tribe or clan)

I am or was an Indian member of a community or band.

\_\_\_\_\_  
(name of 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 THE 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 \_\_\_\_\_ 2020.

**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 LINNA®



LEAGUE OF INDIAN NATIONS OF NORTH AMERICA  
c/o National Register Office  
5928 Hixson Pike, Ste A PMB 345  
Hixson, Tennessee 37343  
Tel: 1-888-723-3339 Fax: 888-443-2918  
Web site: [www.linna-usa.org](http://www.linna-usa.org) Email: [NationalRegister@linna-usa.org](mailto:NationalRegister@linna-usa.org)

## AFFIRMATION

Note: There is a **\$75.00** re-issue fee for current card holders. 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 **\$300.00**, for new applicants payable to The League of Indian Nations of North America and a **\$45 card fee per Minor child**. Fees can be paid by Money Orders, Cashier Checks or the Donation button on the site and select enrollment fee.

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 (LINNA®) of any changes and/or updates in regards to my application.

**Please press firmly with a blue 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 North ID Card Intake Information



Place and Date of Application \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ REGISTRATION NO. \_\_\_\_\_

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 USA ID Card Intake Information



For faster processing, please include the following information:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Gender: \_\_\_\_\_

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

**(Do not use PO Boxes)**

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Other Contact #: \_\_\_\_\_

Email: \_\_\_\_\_

Sign in **RED INK** below:

Place **RED RIGHT THUMB PRINT** Below:



\*\*\* Please place your Thumb print in the center of the box and do not smear. \*\*\*

**For Office Use Only:**

LINNA ID# \_\_\_\_\_

☐ Diplomat  
Title \_\_\_\_\_

☐ Council Member

[NationalRegister@linna-usa.org](mailto:NationalRegister@linna-usa.org)

**Please Note: Replacement cards cost –  
\$75 with postal tracking.**





## EDUCATION



1. High School? Yes \_\_\_\_\_ No \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Degree: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Address: City/State/Zip: \_\_\_\_\_

If No, do you have a GED? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Certificate: \_\_\_\_\_

2. College? Yes \_\_\_\_\_ No \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Degree: \_\_\_\_\_

Name of College: \_\_\_\_\_

Address: City/State/Zip: \_\_\_\_\_

3. Vocational/Trade School: Yes \_\_\_\_\_ No \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Degree: \_\_\_\_\_

Name of Vocational/Trade School: \_\_\_\_\_

Address: City/State/Zip: \_\_\_\_\_





## **EMPLOYMENT**



1. Place of employment: \_\_\_\_\_  
Address/City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_
2. How long employed: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_
3. Describe your position: \_\_\_\_\_

## **BACKGROUND**

1. Do you consent to a background check? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_  
Type? \_\_\_\_\_
2. Have you ever been arrested for any offense involving domestic violence? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_
4. Have you ever been adjudicated mentally incompetent? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so when \_\_\_\_\_ Where? \_\_\_\_\_
5. Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so when? \_\_\_\_\_ Where? \_\_\_\_\_
6. Have you ever been convicted of any offense involving the use of alcohol or drugs?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If so when? \_\_\_\_\_ Where? \_\_\_\_\_
7. Have you ever been convicted of any offenses involving moral turpitude, i.e., theft, shoplifting, sexual crimes, etc., Yes \_\_\_\_\_ No \_\_\_\_\_ Which one? \_\_\_\_\_
8. Are you licensed to carry a weapon? Yes \_\_\_\_\_ No \_\_\_\_\_ Type?: \_\_\_\_\_  
Certificate Number \_\_\_\_\_
9. Comments: \_\_\_\_\_





## MILITARY



1. Have you ever been in the military? Yes \_\_\_\_\_ No \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
2. Branch? \_\_\_\_\_ Rank: \_\_\_\_\_
3. How long? \_\_\_\_\_ Date of Discharge: \_\_\_\_\_ Type of Discharge? \_\_\_\_\_
4. Are you currently serving or participating with a Military Reserve Unit? Yes \_\_\_\_\_ No \_\_\_\_\_
5. What Branch of the Reserves? \_\_\_\_\_

