

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 per LINNA North guidelines.)

- 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) This is a fillable form. Print out the application to be signed and notarized.
- 7) You must submit 2 physical colored passport size photos of yourself.
- 8) Please include an Intake form (Page 5) per child along with their passport size photo and a copy of their birth certificate.

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 he sitate to contact the office or your Chief.





STATEMENT UNDER OATH LEAGUE OF INDIAN NATIONS OF NORTH AMERICA



| i the undersigned _ | | Occupati | on |
|---|--|---------------------|------------------------|
| | (Print name and occupation.) | | |
| Address | City City | | Prov/State |
| (Do n | not use PO Boxes) | | |
| Postal code/Zip | Date of Birth: Day | Month | Year |
| Telephone Numbe | rOtho | er Contact Number_ | |
| Email Address | | | |
| | entity is as noted above. ntly an Indian member of the fo | ollowing community | or band: |
| | (name of community | or band) | |
| My reason(| (s) for seeking enrollment in LIN | NA: | |
| l was previ | iously an Indian member of the | following commun | ity or band: |
| | (name of community | ty or band) | |
| • | (s) for leaving the community or l | | |
| family mei 4) I commit n NORTH AN | to prove my Aboriginal identity mber or Aboriginal community. The state of the laws and respect to the laws are respectively. | ules of LEAGUE OF | |
| IN GOOD FAITH | I, I sign this statement this | _day of | 20 <u> </u> |
| Must be witness | ed by a Solicitor or <u>Notary</u> , o | civil servant (Just | ice of the Peace) etc. |
| Signature or App | licant: | | |
| Signature of Witn | | | |







LEAGUE OF INDIAN NATIONS OF NORTH AMERICA LINNA®

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 Email: 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 League of Indian Nations of North America and a \$45 card fee per Minor child. 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 (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 | |
|------------|----------|--|
| Signature. | | |







LINNA North ID Card Intake Information

| Place and D | ate or Ap | plication | | | | | / | | |
|---------------|--------------|---------------------|----------|---------------|------------|----------------------|----------------|-------------|--|
| Name | | | | | | | | | |
| Fam | ily, First a | nd Middle | | | kno | own by other na | mes/Family/m | aiden | |
| Present Ado | dress | | | | | | | | |
| i reseme riac | | nber/Street | | City/To | | State | Zip (| Zip Code | |
| | (Do no | t use PO Boxes) | | | | | | | |
| Telephone i | no. | | | | Em | ail | | | |
| | | | | | | , | | | |
| Date of Birt | h: d | _ m | | У | Plac | e of Birth: | | | |
| Eamily | Informat | ion Diago ha | 20.0 | omplet | 0.00.000 | sible; all informa | tion confident | | |
| ramily | iniormat | ion Please be | as C | ompiet | e as pos | sible; all informa | ation confiden | แลเ | |
| Mother's Na | ame | | _ d | m | | у | | | |
| | Family | , First, Middle | | Date | of Birth | У | Maiden Name | i | |
| Fatharda Na | | | اء | | | | | | |
| Father's Nai | me Family | First Middle | _ a | m Date | of Birth | У | Place of Birth | | |
| | , anniy | , mst, maare | | Date | 01 011 (11 | | Trace of Birth | | |
| Brother/ | | Last Finat Middle | | | N 4 / E | Date of Birth (dos) | | Diese | |
| Sisters | | Last; First, Middle | ; | | M/F | Date of Birth (dmy) | | Place | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Children | | Last; First, Middle | <u> </u> | | M/F | Date of Birth (dmy) | | Place | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | If more sn | ace is | needed, n | lease 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: | _ (mm/dd/yyyy) |
| Height: | Weight: |
| Eye Color: | Hair Color: |
| Gender: | _ |
| Address:(Do not use PO B | |
| (Do not use PO B | oxes) |
| City: | State: |
| Zip code: | |
| Phone #: | Other Contact #: |
| Email: | |
| Sign in RED INK below: | Place RED RIGHT THUMB PRINT Below: |
| | |
| For Office Use Only: | |
| LINNA ID# | *** Please place your Thumb print in the center of the box and do not smear. *** |
| ☐ Diplomat Title | NationalRegister@linna-usa.org |
| ☐ Council Member | Please Note: Replacement cards cost – \$75 with postal tracking. |









| 1. | High School? Yes No | | From: | _To: |
|----|----------------------------------|----|-----------------------|------|
| | Did you graduate? YesN | o | 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 | o | Date of Graduati | on: |
| | Degree: | | | |
| | Name of Vocational/Trade School: | | | |
| | Address: City/State/Zip: | | | |





EMPLOYMENT



| 1. | Place of er | Place of employment: | | | | | | |
|----|-------------|---|---------------------|-------------------|---|--|--|--|
| | Address/C | Address/City/State/Zip: | | | | | | |
| | Phone: | | Supervisor's N | lame: | | | | |
| 2. | How long | employed: | From: | To: | Salary: | | | |
| 3. | Describe y | our position: _ | | | | | | |
| | | | BACKG | ROUND | | | | |
| 1. | A backgro | A background check will be conducted. Please answer the following questions truthfully. | | | | | | |
| | Have you | ever been arre | ested? Yes | No | _ | | | |
| | If Yes, who | at is the nature | e of the arrest? | | | | | |
| 2. | Have you | ever been arre | | | mestic violence? Yes No | | | |
| 3. | Have you | ever been con | victed of a crime? | Yes N | o Date: | | | |
| 4. | Have you | ever been adjı | udicated mentally | incompetent? \ | 'es No | | | |
| | If so when | l <u>-</u> | | Where? | | | | |
| 5. | Have you | ever been con | victed of a felony? | Yes | No | | | |
| | If so when | ? | WI | nere? | | | | |
| 6. | Have you | ever been con | victed of any offer | nse involving the | e use of alcohol or drugs? | | | |
| | Yes | _No | If so when? | | Where? | | | |
| 7. | • | | • | • | noral turpitude, i.e., theft, Which one? | | | |
| 8. | | | y a weapon? Yes _ | | Type?: | | | |







| 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? |
| | |
| | |
| | If you need additional space, please use a separate sheet of paper. |
| All | identification cards are sent out via USPS certified mail. However, due to current postal delays, it may take longer for you to receive your IDs. |
| If you | would like expedited mailing services, please check the box next to the following mailing options below. |
| | ☐ Overnight by Post Office: \$35☐ UPS Next Day Overnight: \$50 |
| | Include the expedited fee along with the application fee. |

