Little Traverse Bay Bands of Odawa Indians
Enrollment Office
7500 Odawa Circle
Harbor Springs, MI 49740
(231) 242-1520 * (231) 242-1521

Blood Quantum Adjustment

I, am requesting the LTBB Enrollment Office to review (check one):

☐ My file: _____ Enrollment Number: _____
Name

☐ Minor Child: _____ Enrollment Number: _____
Name

for a blood quantum adjustment. I am enclosing documentation to be reviewed by the Enrollment Staff and the LTBB Citizenship Commission.

I understand that I will be notified by mail of the LTBB Citizenship Commissions decision.
If you are a guardian of the LTBB Citizen you must provide proof of guardianship

_____ _____
Signature Date

Increasing Blood Quantum

Blood Quantum may be increased through the following procedures:

The Enrollment Office shall research the request within the resources and legal constraints of the Enrollment Office always striving to be fair and equitable and if a determination is made by the Enrollment Office that a Citizen's blood quantum should be increased, this matter will be brought to the Citizenship Commission for approval. Upon such approval, the Enrollment Office shall make the changes for the Citizen and for all other persons affected by the increase.

(WOS# 2008-006 Citizenship Statute. Section VI. D.)

----------***TO BE COMPLETED BY CITIZENSHIP COMMISSION***----------

☐ **Documents Submitted <u>Support</u> a Blood Quantum Increase.** Effective Date upon motion by Citizenship Commission. Enrollment Staff will Notify Executive as FYI.

☐ **Documents Submitted <u>Do Not</u> Support a Blood Quantum Change**. Effective Date upon motion by Citizenship Commission. Inform the individual of the reasons why documents do not support a change

Citizenship Commission Attach motion.