

APPLICATION FOR ENROLLMENT

Name: _____
First Middle Last Maiden

Gender Female. Male _____
Date of Birth Social security Number

Address: _____
Mailing Address City State Zip

Contact Info: _____
Telephone # Cell # E-mail address County

Has applicant ever been enrolled in any other Tribe? Yes NO

If yes, list name of tribe, roll number and date of relinquishment (evidence of unconditional relinquishment, by Tribal Council resolution, for five full years must accompany application)

Name of Tribe Roll #: Date of relinquishment

Mother's name: _____ **Grand Ronde member?** Yes No

Father's name: _____ **Grand Ronde member?** Yes No

If Applicant is claiming any Grand Ronde Tribal blood from the Parent, proof of paternity, based on Genetic parentage testing (DNA) of Parent and applicant establishing the Parent of the applicant at a cumulative paternity index of at least 99. Is required. The enrollment staff can help you initiate and pay for this process.

NAME OF ANCESTOR ON 1984 RESTORATION ROLL: (roll # 1 through 1101)

_____ Name:

_____ Roll #: (if known)

Was Applicant an adopted child? YES NO

Is applicant a minor or incompetent? Yes No

IF APPLICANT IS A MINOR OR INCOMPETENT, PLEASE STATE THE NAME, RELATIONSHIP AND ADDRESS OF THE PERSON SUBMITTING THE APPLICATION ON BEHALF OF THE APPLICANT:

Name: _____
First Middle Last

Relationship to Applicant: Parent Guardian Other: _____

Address: _____
Mailing Address City State Zip

Contact Info: _____
Telephone # Cell # E-mail address

I HEREBY DECLARE THE ABOVE INFORMATION TO BE TRUE. I UNDERSTAND FALSIFYING THE APPLICATION MAY RESULT IN REJECTION OR DIS-ENROLLMENT. APPLICATION MUST BE SIGNED BY APPLICANT OR IF THE APPLICANT IS A MINOR OR INCOMPETENT, BY PARENT OR GUARDIAN/CUSTODIAN.

Signature of Applicant Parent or Guardian/Custodian _____ Date _____

Enrollment checklist:

- Completed Application (faxed signatures are not accepted)
- Original State Certified Birth Certificate Must Accompany Application
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Send completed application to: Confederated Tribes of Grand Ronde
Attn: Enrollment
9615 Grand Ronde Road
Grand Ronde OR 97347



Confederated Tribes of Grand Ronde Enrollment Application - Ancestry Chart

Applicant:
Date of birth:
Birthplace:
Tribes:
Degree of blood:

FATHER

MOTHER

Applicant:
Roll: #
Date of birth:
Birthplace:
Tribes:
Degree of blood:

Applicant:
Roll #:
Date of birth:
Birthplace:
Tribes:
Degree of blood:

PATERNAL
GRANDFATHER

PATERNAL
GRANDMOTHER

MATERNAL
GRANDFATHER

MATERNAL
GRANDMOTHER

Applicant:
Roll: #
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Please complete this Ancestry Chart to the best of your knowledge. Degree of blood represents the biological heritage of the Indian ancestry. For example, if the parent is full-blood or 1/4, the child derives 1/2 blood quantum from that parent's Tribe. If the parent is 1/2 Indian, the child would be 1/4 etc. Please list all Tribes and the suspected blood quantum. All women should be shown by maiden names as well as married names. If more information needs to be documented, it is important to identify as many ancestral names and tribal names/known reservations, states, or communities as far back as parent knows or can recall for both sides of the family. This will help the Tribe determine eligibility for enrollment. Attach additional sheets for any extra informational gathered.

Confederated Tribes of Grand Ronde
Enrollment Application - Ancestry Chart

PATERNAL or MATERNAL
GREAT GRANDFATHER or GRANDMOTHER

Applicant:	Applicant:
Roll: #	Roll: #
Date of birth:	Date of birth:
Birthplace:	Birthplace:
Tribes:	Tribes:
Degree of blood:	Degree of blood:

FATHER

MOTHER

PATERNAL -**GREAT**
GRANDFATHER

PATERNAL -**GREAT**
GRANDMOTHER

MATERNAL - **GREAT**
GRANDFATHER

MATERNAL -**GREAT**
GRANDMOTHER

Applicant:	Applicant:	Applicant:	Applicant:
Roll: #	Roll: #	Roll: #	Roll: #
Date of birth:	Date of birth:	Date of birth:	Date of birth:
Birthplace:	Birthplace:	Birthplace:	Birthplace:
Tribes:	Tribes:	Tribes:	Tribes:
Degree of blood:	Degree of blood:	Degree of blood:	Degree of blood:

PATERNAL or MATERNAL
GREAT- GREAT GRANDFATHER or GRANDMOTHER

PATERNAL or MATERNAL
GREAT-GREAT GRANDFATHER or GRANDMOTHER

Applicant:	Applicant:
Roll: #	Roll: #
Date of birth:	Date of birth:
Birthplace:	Birthplace:
Tribes:	Tribes:
Degree of blood:	Degree of blood:

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