APPLICATION FOR RESTORATION ROLL CORRECTION BY ADDING NAME TO THE RESTORATION ROLL

I. Applicant Information (person requesting correction):

Applications may only be filed by Enrollment Staff or Tribal members for Restoration Roll correction for themselves, their lineal ancestors or their lineal descendants. Name: _____ _____ Tribal Roll Number: ____ Middle Last First Relationship to the person whose name you wish to be added: II. Information on Person to be added to the Restoration Roll: ____ Tribal Roll Number: _____ Name: Middle (If applicable) First Last Date of Birth: Date of Death (if applicable): _____ Address (if living): ___ City Mailing Address State Zip Contact Information (if living): Telephone # Cell Phone # Email Was person ever enrolled in another Tribe? Yes ____ No ___ If yes, when and where: _____ **III. Restoration Roll Qualification Information:** Please indicate which of the Restoration Act requirements is met by the person to be added to the Restoration Roll. Person meets (A), (B) or (C) below: (A) Person's name was listed on final membership roll published on April 6, 1956, in the Federal Register (commonly known as the Termination Roll.) (B) Person was entitled to be on the membership roll of the Tribe on August 13, 1954 (date of termination act), but was not listed. Complete the requirements listed below:

Person was born to a member of the Confederated Tribes of Grand Ronde

Person was living on August 13, 1954, and

(C) Person is a descendant of an individual described in (A) degree of blood of members of the tribe. (Indicate (A) or (B) below).	•
Person's degree of blood of members of the tribe:	
Name of person's ancestor:	
(A) Ancestor's name was listed on final membershi the Federal Register (commonly known as the Termination	
(B) Ancestor was entitled to be on the membership (date of termination act), but was not listed. Complete the re	<u> </u>
Ancestor was living on August 13, 1954, an	nd
Ancestor was born to a member of the Con	federated Tribes of Grand Ronde
IV. Information on Tribal Members Affected by this Correction On the attached sheet, please provide a list of names, roll numbers, address members you believe may be affected by this correction. Enrollment Staff may be affected by your requested concern.	ses, and telephone numbers of all Tribal
*All Applications must be accompanied by documents supporting the requested change.	
TO THE BEST OF MY KNOWLEDGE, I HEREBY DECLAR TO BE TRUE AND ACCURATE.	E THE ABOVE INFORMATION
Signature of Applicant:	Date:
Printed Name:	Phone Number: