

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:

Name: _____ Roll #: (if known) _____



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

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

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:



The Confederated Tribes of the Grand Ronde Community of Oregon

Enrollment/ Vital Statistics

Phone (503) 879-2253 or (503) 879-2490

1-800-422-0232

Fax (503) 879-2480

9615 Grand Ronde Road

Grand Ronde OR 97347

DNA/PARENTAGE TEST REQUEST
CTGR ENROLLMENT

I _____ request DNA/PARENTAGE testing as proof of parentage in accordance with the CTGR Enrollment Ordinance. I am listing the individuals to be tested as follows:

Tribal Parent: _____ Roll# _____

Tribal Parent: _____ Roll# _____

Child: _____ DOB _____

Child: _____ DOB _____

I hereby agree that I will be responsible of any no-show fees from GenQuest©, if I fail to make any appointment that I agree to attend.

Signature

Date

Address and Phone#

Alternate Phone# (required)

If child resides at different address, please list below:

Address and Phone #

Alternate Phone# (required)

OFFICIAL OFFICE USE .ONLY

Previous DNA on file Yes No Case# _____ Date tested _____

Authorized Signature CTGR Staff

Date