To Whom This May Concern:

Thank you for requesting an Enrollment Application with The Confederated Tribes of Grand Ronde. Enclosed you will find a four-page application. Please complete it to the best of your ability. You have received a fifth form titled “DNA/Parentage Test Request”. If you are an enrolled tribal member wanting to enroll your children, per the current “Enrollment Ordinance”, DNA testing is a requirement for tribal members and the child or children they are wishing to enroll. The enrolled member (if living) may complete this form and return it.

Please return the completed application and DNA/Parentage Test Request form (if applicable) along with the original birth certificate issued by the state where the child was born.

PLEASE NOTE: We cannot accept applications without the original birth certificate. Photo copies of birth certificates will not be accepted.

Cordially,
Enrollment
Member Services Department
Confederated Tribes of Grand Ronde
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
Has applicant ever been enrolled in the Confederated Tribes of Grand Ronde? □ 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 RESTORATION ROLL:

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

Send completed application to:  Confederated Tribes of Grand Ronde
Attn: Enrollment
9615 Grand Ronde Road
Grand Ronde OR 97347
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 ⅓, the child derives ⅓ blood quantum from that parent's Tribe. If the parent is ⅓ Indian, the child would be ⅓ 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

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<tr>
<th>PATERNAL or</th>
<th>MATERNAL</th>
<th>GREAT</th>
<th>GRANDFATHER or</th>
<th>GRANDMOTHER</th>
</tr>
</thead>
</table>

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

**FATHER**

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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:

Mother: ________________________________ Roll# ______

Father: ________________________________ Roll# ______

Child: ________________________________ DOB ______

I hereby agree that I will be responsible of any no-show fees from LabCorp®, 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