



## The Confederated Tribes of the Grand Ronde Community of Oregon

Enrollment/Vital Statistics  
9615 Grand Ronde Road  
Grand Ronde, Oregon 97347

Phone (503) 879-2116  
1-800-422-0232 x 2116  
Fax (503) 879-2480

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To Whom This May Concern:

Thank you for requesting an Enrollment Application with The Confederated Tribes of Grand Ronde. Enclosed you will find a 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

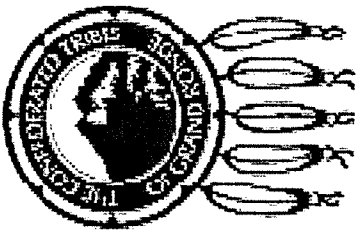
*If Applicant is claiming any Grand Ronde Tribal blood from the Parent, proof of paternity, based on Genetic parentage testing (DNA) of Parent and applicant establishing the Parent of the applicant at a cumulative paternity index of at least 99. Is required. The enrollment staff can help you initiate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

#### **NAME OF ANCESTOR RESTORATION ROLL:**

\_\_\_\_\_                      \_\_\_\_\_  
Name:                      Roll #: (if known)



# Confederated Tribes of Grand Ronde Enrollment Application - Ancestry Chart



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.

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*FATHER*

*MOTHER*

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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