



# The Confederated Tribes of the Grand Ronde Community of Oregon

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

Phone (503) 879-2490  
1-800-422-0232 x 2490  
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**The Enrollment department is conducting a survey on direct descendants. Please fill out all of the questions that apply to you. Direct descendants are defined as: the biological children of an enrolled Tribal Member.**

### Who is the enrolled parent?

Mother: \_\_\_\_\_ Roll #: \_\_\_\_\_  
Father: \_\_\_\_\_ Roll #: \_\_\_\_\_

### How many biological children does the enrolled parent have that are not enrolled?

Under 18: \_\_\_\_\_ Lives with you? \_\_\_\_\_  
Over 18: \_\_\_\_\_ Lives with you? \_\_\_\_\_

### Names and DOB's of children?

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Reason for not being eligible? (Please circle all that apply)

1. Less than the required Blood Quantum (1/16)
2. Parent not enrolled at time of birth
3. No DNA on file/unable to get DNA
4. No Ancestor on Restoration Roll
5. Unknown

### Contact information for descendants over the age of 18.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**\*Please return to the address, fax above, or email to [Memberservices@grandronde.org](mailto:Memberservices@grandronde.org).**