



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

REQUEST FOR DESCENDANCY DOCUMENT

Name: _____ (print)
First Middle Last

Gender ☐ Female ☐ Male
Date of Birth Social Security Number

Address: _____
Mailing Address City State Zip

Contact Info: _____
Telephone # Cell# Email Address

Type of Document Requested:

☐ Descendancy Letter (no DNA testing)

☐ Certificate of Descendancy (DNA testing- prepayment required)

Mother's Name: _____ Grand Ronde Member? Yes ☐ No ☐

Father's Name: _____ Grand Ronde Member? Yes ☐ No ☐

NAME OF ANCESTOR ON 1984 RESTORATION ROLL: (if applicable)

Name: Roll#:

Signature of Applicant or Parent or Guardian/Custodian Date

Application Checklist:

☐ Completed Request Form (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 Rd
Grand Ronde, OR 97347