



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

Enrollment Application Checklist

- ☐ Completed application, may only be submitted by an adult applicant, parent/ guardian of minor applicant, or grandparent of minor applicant (but must have parent/ guardian signature).
- ☐ Copy of applicant's State Issued Birth Certificate.
 - ☐ *If applicant is connecting to a grandparent a copy of parent's State Issued Birth Certificate needs to be submitted.*
 - ☐ *If applicant cannot provide Parent's State Issued Birth Certificate a properly executed affidavit will be accepted.*
- ☐ Completed DNA form. DNA is not required at the time of application. DNA is part of the Enrollment process and staff will contact you when it is time to complete your DNA.

Please submit completed applications & documentation to:

CTGR – Enrollment
9615 Grand Ronde Road
Grand Ronde, OR 97347

Electronic Submissions¹:
Enrollment@grandronde.org

-or- by fillable form on the Tribe's website:
www.grandronde.org

Enrollment Staff Contact Information:
(503) 879-2116
Memberservices@grandronde.org

It is the applicant's responsibility to keep the Enrollment Department informed of any changes to your application including contact information. If you fail to keep your information updated, and staff is unable to contact you, it may affect your placement on the waitlist and/or a requirement to reapply.

¹ PDF's only, pictures will not be accepted.



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APPLICATION FOR ENROLLMENT

Name: _____
First Middle Last Maiden

Please check this box if you are requesting, for privacy reasons, to not publicly disclose the applicant's name ☐

Gender: ☐ Female ☐ Male ☐ Gender Neutral

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 Federally Recognized 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 / dis-enrollment (evidence of unconditional relinquishment / dis-enrollment, by Tribal Council resolution)

Name of Tribe(s)	Roll #	Date of Resolution
_____	_____	_____

Mother's name: _____ Roll# _____

Father's name: _____ Roll# _____

Grand Ronde Grandparent's name: _____ Roll# _____

Grand Ronde Grandparent's name: _____ Roll# _____

Has Applicant ever been adopted? ☐ Yes ☐ NO

Has Applicant been issued a Certificate of Descendancy by Grand Ronde? ☐ Yes ☐ No

Does the applicant have any biological minor siblings? ☐ Yes ☐ No



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**STATE THE NAME, RELATIONSHIP AND ADDRESS OF THE PERSON SUBMITTING
THE APPLICATION ON BEHALF OF THE APPLICANT:**

Name: _____
First Middle Last

Relationship to Applicant: ☐ Self ☐ Parent / Guardian ☐ Grandparent
☐ 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 _____ Date _____

OFFICE USE ONLY

FOR ENROLLMENT STAFF ONLY

- ☐ **Minor**
☐ **Adult**
☐ **Siblings**

Date received: _____
Date DNA is order (if applicable): _____
Date DNA Received: _____

- ☐ Completed Application (faxed signatures are not accepted)
☐ Copy of State Issued Birth Certificate Must Accompany Application/ or a Proof of
Certificate of Descendancy
☐ Copy of State Issued Birth Certificate or Affidavit for Parent if Connecting to Grandparent



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DNA REQUEST/ ACKNOWLEDGMENT

Has applicant, parent/grandparent ever provided the Enrollment Department DNA? ☐ Yes ☐ NO

If yes, list the individuals who have DNA on file: _____

If DNA/PARENTAGE testing needs to be conducted for proof of parentage in accordance with the CTGR Enrollment Ordinance list all individuals that will need to be tested (use additional forms if necessary):

Name: _____ Roll# _____ DOB: _____

Relationship to applicant: _____

Name: _____ Roll# _____ DOB: _____

Relationship to applicant: _____

I hereby agree that I will be responsible for testing fees if the results show that the DNA is not sufficient to show proof of descendency.

Signature _____

Date _____

All living individuals who need DNA compared for this application must sign this acknowledgment:

By signing below, I acknowledge that DNA results are the property of the Tribe, and I understand that the results establishing paternity will not be provided. I also acknowledge these results and any results currently on file may be used for future enrollment purposes without notice.

Signature _____

Date _____

Signature _____

Date _____

FOR ENROLLMENT STAFF ONLY

Previous DNA on file: Yes

No

Case #

Date Tested:

Date DNA is ordered (if applicable):

By:

Date DNA Received:



Applicant:
Date of birth:
Birthplace:
Tribe(s):

FATHER

Name:
Roll #:
Date of birth:
Birthplace:
Roll (see below):

MOTHER

Name:
Roll #:
Date of birth:
Birthplace:
Roll (see below):

PATERNAL
GRANDFATHER

Name:
Roll #:
Date of birth:
Birthplace:
Roll (see below):

PATERNAL
GRANDMOTHER

Name:
Roll #:
Date of birth:
Birthplace:
Roll (see below):

MATERNAL
GRANDFATHER

Name:
Roll #:
Date of birth:
Birthplace:
Roll (see below):

MATERNAL
GRANDMOTHER

Name:
Roll #:
Date of birth:
Birthplace:
Roll (see below):

Please complete this Ancestry Chart to the best of your knowledge. Please list all names used, including maiden and married names. You must name the Tribal Ancestor for purpose of enrollment. **Enrollment criteria requires that your biological parent or grandparent must have been an enrolled member of the Confederated Tribes of Grand Ronde, you must name the roll your ancestor is listed, and it must be one of the following rolls: Roll of 1941, Termination Roll of 1956, The Restoration Roll of 1984, or the Official Tribal Membership Roll.**