



# The Confederated Tribes of the Grand Ronde Community of Oregon

*Umpqua Molalla Rogue River Kalapuya Chasta*

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

Phone (503) 879-2116  
1-800-422-0232 x2116  
Fax (503) 879-2480

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## Affidavit for Enrollment

I, \_\_\_\_\_, [full name] hereby affirm the following:

1. That \_\_\_\_\_ [full name] is the biological parent of \_\_\_\_\_ [full name of child], born on \_\_\_\_\_ [child's date of birth] at \_\_\_\_\_ [location where the child was born].
2. I have personal knowledge that the above event took place as stated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public