



## 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 applicant (but must have parent/ guardian signature).
- ☐ Copy of applicant's State Issued Birth Certificate.
- ☐ Copy of parent's State Issued Birth Certificate if applicant is connecting to a grandparent.
  - ☐ *If applicant cannot provide Parent's State Issued Birth Certificate two properly executed affidavit(s) will be accepted.*
- ☐ Completed DNA form. DNA is not required at the time of submitting an application, DNA is a 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 Submissions<sup>1</sup>:  
[Enrollment@grandronde.org](mailto:Enrollment@grandronde.org)  
-or- by fillable form on the Tribe's website:  
[www.grandronde.org](http://www.grandronde.org)

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

**For an application to be considered complete the applicant must fill in all blanks, answer all questions, complete all of the sections, and the proper person must sign the application and the DNA Request/ Acknowledgment form. The applicant must also provide all necessary birth certificates or properly executed affidavits tying the applicant to the Grand Ronde Tribal Member. You must also provide documentation of legal name changes if any of the names on your application or other submitted documents have been changed. All other required documentation must be submitted if it is applicable to the application, including adoption records, proof of relinquishment, proof of guardianship, or proof of dependency. If any of these things are not completed or received, the Enrollment Department will reject your application and you will be required to reapply.**

**After a completed application is received, staff will process your application and if appropriate coordinate a DNA appointment. Staff may reach out to you for other required information or documentation. Failing to provide any requested or required information or DNA will result in staff recommending the application for Denial.**

---

<sup>1</sup> PDF's only, pictures will not be accepted.



# 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

## APPLICATION FOR ENROLLMENT

Please check the application type:

- ☐ Infant (under 6 Months)  
☐ Emergency Determination (requires proof of open dependency case)  
☐ Non- Infant (any applicant over 6 months old)

*All infant (under 6 months) applications are required to be submitted at least 60 days before the infant turns 6 months of age if using an outside DNA testing facility; for those applying and completing DNA in Grand Ronde all applications are required to be submitted at least 45 days before the infant turns 6 months of age.*

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

**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: \_\_\_\_\_ 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

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

Name: \_\_\_\_\_  
First Middle Last

Relationship to Applicant: ☐ Parent/ Guardian ☐ Self ☐ 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**

☐ **Sibling(s)**

☐ Completed Application (faxed signatures are not accepted)

☐ Copy of State Issued Birth Certificate Must Accompany Application/ or a Proof of  
Certificate of Descendants

☐ Copy of State Issued Birth Certificate or Affidavit for Parent if Connecting to Grandparent

Date received: \_\_\_\_\_

Date DNA is order (if applicable): \_\_\_\_\_

Date DNA Received: \_\_\_\_\_



# 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

## DNA REQUEST/ ACKNOWLEDGEMENT

Applicant's Name: \_\_\_\_\_ Applicant's DOB: \_\_\_\_\_

If you do not have a Descendancy Certificate with DNA currently on file with the CTGR DNA/PARENTAGE testing needs to be conducted for proof of parentage in accordance with the Enrollment Ordinance. Please list all individuals that will need to be tested with the applicant (use additional forms if necessary):

Name: \_\_\_\_\_ Roll# \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Roll# \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**By signing below, I acknowledge that all DNA results provided during enrollment are the property of the Tribe, and any results establishing paternity will not be provided. These results and any results currently on file may be used for future enrollment purposes without notice. I hereby agree that I will be responsible for testing fees if any results for DNA that I request show that the DNA is not sufficient to show proof of descendancy.**

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:
Tribes:

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.**