

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 a properly executed affidavit will be accepted.
- ☐ Completed DNA form and/or certified DNA results.
- ☐ Proof that the applicant is the subject of pending juvenile dependency proceedings ("Emergency Applicants")

Please submit completed applications & documentation to:

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

Enrollment Staff Contact Information:

503-879-2116 – 1-800-422-0232, ext. 2116

Memberservices@grandronde.org

**This Application is only for infants under
6 months old or for children who are the
subject of a dependency case.**

INFANT/ EMERGENCY APPLICATION FOR ENROLLMENT

Name: _____
First Middle Last Maiden

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 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: _____ Grand Ronde member? ☐ Yes ☐ No

Father's name: _____ Grand Ronde member? ☐ Yes ☐ No

Maternal/ Grandparent's name: _____ Grand Ronde member? ☐ Yes ☐ No

Paternal/ Grandparent's name: _____ Grand Ronde member? ☐ Yes ☐ No

Has Applicant ever been adopted? ☐ Yes ☐ NO

If Applicant is claiming Grand Ronde ancestry DNA proof is required.

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

NAME OF GRAND RONDE ANCESTOR (must be parent or grandparent):

Name: Roll #: (if known)

**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 ☐ 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 of Parent or Guardian/Custodian Date

OFFICE USE ONLY

FOR ENROLLMENT STAFF ONLY

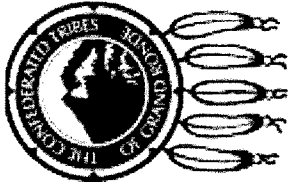
- ☐ **Infant**
☐ **Emergency (must show proof)**

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



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.



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DNA/PARENTAGE TEST REQUEST INFANT/ EMERGENCY ONLY

I _____ request DNA/PARENTAGE testing as proof of parentage in accordance with the CTGR Enrollment Ordinance. I am listing the individuals to be tested as follows:

Mother: _____ Roll# _____

Father: _____ Roll# _____

Grandparent: _____ Roll# _____

Child: _____ DOB _____

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 of parent/ guardian

Date

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 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: