## **APPLICATION FOR ENROLLMENT**

Name:	First	Middle	Last	Maiden	
Gender [	Female. Male	Date of Birth	Social secu	urity Number	
Address:	/	110			
Contact In	Mailing Address	City	State	Zip	
Contact II	Telephone #	Cell #	E-mail address	County	
	100	1.000		۱	
Has appli	icant ever been enro	lled in any other Tribe	e? 🗌 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	f relinquishment	
	- (	100	TAA		
Mother's	name:		Grand Ronde mem	ber? 🗌 Yes 🗌 No	
Father's	name:	↓	Grand Ronde mem	ber? 🗌 Yes 🗌 No	
If Applica	nt is claiming any G	rand Ronde Tribal blo	od from the Parent, pr	coof of paternity,	

If Applicant is claiming any Grand Ronde Tribal blood from the Parent, proof of paternity, based on Genetic parentage testing (DNA) of Parent and applicant establishing the Parent of the applicant at a cumulative paternity index of at least 99. Is required. The enrollment staff can help you initiate and pay for this process.

## NAME OF ANCESTOR ON 1984 RESTORATION ROLL: (roll # 1 through 1101)

Name:

Roll #: (if known)

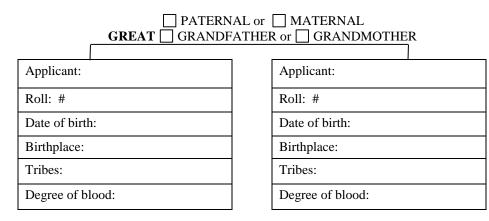
	opted child?		S NO
Is applicant	a minor or incompet	ent? 🗌 Yes 🗌 I	No
IF APPLICANT IS A MINOR O RELATIONSHIP AND ADDRE ON BEHALF OF THE APPLIC	SS OF THE PERSO		
Name:		- A	
First	Middle		_ast
Relationship to Applicant: 🗌 Par	rent 🗌 Guardian 🗌	Other:	·
Address:			1
Mailing Address	City	State	Zip
Contact Info:		e 1	1
Telephone #	Cell #	E-mail address	
APPLICANT IS A MINOR OF GUARDIAN/CUSTODIAN.	INCOMPETENT,	BY PARENT OR	
1.1.1	1111	1111	
Signature of Applicant Pa	arent or Guardian/Cu	stodian Date	
Signature of Applicant Pa	arent or Guardian/Cu	stodian Date	
Signature of Applicant Pa	arent or Guardian/Cu	stodian Date	
	d signatures are not a	ccepted)	

			nfederated Tri ollment Applica				a
ΕĒ.		Applicant:					recall for both sides of the family. any extra informational gathered.
N N	GRAND ROTE	Date of birth	1:				for l «tra i
Ń	2200	Birthplace:					poth
$(I_{1}(1, I_{1}), (1)))$		Tribes:	Tribes:				side
8		Degree of b	Degree of blood:				s of onal
	FATH	HER			MO	DTHER	the : gath
	Applicant:				Applicant:		fam
	Roll: #				Roll #:		
	Date of birth:				Date of birth:		This
	Birthplace:				Birthplace:		; wil
	Tribes:				Tribes:		l hel
	Degree of blood:				Degree of blood:		p the
	PATERNAL ANDFATHER	PATERNAL GRANDMOTHER			ERNAL DFATHER	MATERNAL GRANDMOTHER	This will help the Tribe determine eligibility for enr
Applicant:		Applicant:		Applicant:		Applicant:	eteri
Roll: #		Roll: #		Roll: #		Roll: #	mine
Date of bin	th:	Date of birth:		Date of birth	h:	Date of birth:	eligi
Birthplace	:	Birthplace:		Birthplace:		Birthplace:	bility
Tribes:		Tribes:		Tribes:		Tribes:	y foi
Degree of	blood:	Degree of blood:		Degree of b	lood:	Degree of blood:	r enr

as many ancestral names and tribal names/known reservations, states, or communities as far back as parent knows or can be shown by maiden names as well as married names. If more information needs to be documented, it is important to identify the parent is <sup>1</sup>/<sub>2</sub> Indian, the child would be <sup>1</sup>/<sub>4</sub> etc. Please list all Tribes and the suspected blood quantum. All women should Please complete this Ancestry Chart to the best of your knowledge. Degree of blood represents the biological heritage of the Indian ancestry. For example, if the parent is full-blood or  $\frac{1}{4}$ , the child derives  $\frac{1}{2}$  blood quantum from that parent's Tribe. If ollment. Attach additional sheets for

## **Confederated Tribes of Grand Ronde**

Enrollment Application - Ancestry Chart



### FATHER

#### **MOTHER** MATERNAL - GREAT MATERNAL -GREAT GRANDFATHER GRANDMOTHER Applicant: Applicant: Roll: # Roll: # Date of birth: Date of birth: Birthplace: Birthplace: Tribes: Tribes: Degree of blood: Degree of blood:

#### PATERNAL -GREAT PATERNAL -GREAT GRANDMOTHER GRANDFATHER Applicant: Applicant: Roll: # Roll: # Date of birth: Date of birth: Birthplace: Birthplace: Tribes: Tribes: Degree of blood: Degree of blood:

## PATERNAL or MATERNAL GREAT- GREAT GRANDFATHER or GRANDMOTHER

Applicant:	Applicant:
Roll: #	Roll: #
Date of birth:	Date of birth:
Birthplace:	Birthplace:
Tribes:	Tribes:
Degree of blood:	Degree of blood:

# PATERNAL or MATERNAL GREAT-GREAT GRANDFATHER or GRANDMOTHER

Applicant:	
Roll: #	
Date of birth:	
Birthplace:	
Tribes:	1
Degree of blood:	

Applicant:
Roll: #
Date of birth:
Birthplace:
Tribes:
Degree of blood:

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The Confederated Tribes of the Grand Ronde Community of OregonEnrollment/ Vital StatisticsPhone (503) 879-2253 or (503) 879-13581-800-422-02329615 Grand Ronde RoadFax (503) 879-2480Grand Ronde OR 97347

## DNA/PARENTAGE TEST REQUEST CTGR ENROLLMENT

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:

Tribal Parent(s):	Roll#
CHILD:	Roll#
NAME:	DOB
NAME:	DOB

I hereby agree that I will be responsible of any no-show fees from GenQuest©, if I fail to make any appointment that I agree to attend.

Signature	Date		
Address and Phone#	Alternate Phone# (required)		
If child resides at different address, please list below:			
Address and Phone #	Alternate Phone# (required)		
OFFICIAL OFFICE USE .ONLY			
Previous DNA on file Yes No Case#	Date tested		
Authorized Signature CTGR Staff	Date		