

CONFEDERATED TRIBES

Of The

## Umatilla Indian Reservation

46411 Timine Way  
Pendleton, OR 97801  
(541) 429-7035  
enrollment@ctuir.org

# ENROLLMENT APPLICATION

Application is herewith submitted for ENROLLMENT with the Confederated Tribes of the Umatilla Indian Reservation under Section B, Article IV of the Constitution and By-laws. This individual meets the qualifications below:

1. Has one parent or grandparent who is an enrolled member of the Confederated Tribes; AND
2. Has at least one-fourth (1/4) degree of Indian blood from any federally recognized Indian Tribe within the United States.

**PLEASE FILL OUT THE INFORMATION REQUESTED BELOW. BE SPECIFIC. ACCURATE AND COMPLETE INFORMATION WILL HELP EXPEDITE THE ENROLLMENT PROCESS. INCOMPLETE AND NONREADABLE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.**

NAME OF QUALIFYING PARENT: \_\_\_\_\_ OR GRANDPARENT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ ENROLLMENT NUMBER: \_\_\_\_\_

### SECTION 1: APPLICANT INFORMATION (Please type or print)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

INDIAN, MAIDEN OR OTHER NAME WHICH APPLICANT IS KNOWN: \_\_\_\_\_

IS APPLICANT ELIGIBLE FOR ENROLLMENT WITH ANY OTHER TRIBE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, NAME OF TRIBE: \_\_\_\_\_

IS OR HAS THE APPLICANT BEEN ENROLLED WITH ANY OTHER TRIBE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, NAME OF TRIBE: \_\_\_\_\_ ENROLLMENT NUMBER: \_\_\_\_\_

IF THE APPLICANT IS ENROLLED WITH ANY OTHER TRIBE, THREE (3) NOTARIZED RELINQUISHMENT FORMS MUST BE INCLUDED WITH THE APPLICATION, OR PROOF OF RELINQUISHMENT FROM THE OTHER TRIBE.

**SECTION 2: MOTHERS INFORMATION (Use maiden and married name if applicable)**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

IS THE APPLICANTS MOTHER ENROLLED WITH ANY FEDERALLY RECOGNIZED TRIBE: \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, NAME OF TRIBE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ENROLLMENT NUMBER: \_\_\_\_\_ BLOOD DEGREE: *Please list on Family Ancestry Chart on back of application*

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**SECTION 3: FATHERS INFORMATION**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

IS THE APPLICANTS FATHER ENROLLED WITH ANY FEDERALLY RECOGNIZED TRIBE: \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, NAME OF TRIBE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ENROLLMENT NUMBER: \_\_\_\_\_ BLOOD DEGREE: *Please list on Family Ancestry Chart on back of application*

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**\*\*\*NOTE\*\*\*** If a parent or grandparent is enrolled with another Tribe, a certificate of Indian Blood from that parents Tribe must be included with the application in order for the blood degree to be counted. This must be received before the application can be processed.

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**SECTION 4: GRANDPARENT INFORMATION (Use maiden names where applicable)**

MATERNAL GRANDMOTHER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ENROLLED? NO/YES WHERE? \_\_\_\_\_ ENROLLMENT #: \_\_\_\_\_

MATERNAL GRANDFATHER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ENROLLED? NO/YES WHERE? \_\_\_\_\_ ENROLLMENT #: \_\_\_\_\_

PATERNAL GRANDMOTHER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ENROLLED? NO/YES WHERE? \_\_\_\_\_ ENROLLMENT #: \_\_\_\_\_

PATERNAL GRANDFATHER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ENROLLED? NO/YES WHERE? \_\_\_\_\_ ENROLLMENT #: \_\_\_\_\_

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**\*\*\*\*\* PLEASE READ THIS SECTION \*\*\*\*\***

**SECTION 5 – GENERAL INFORMATION AND SIGNATURES**

**THE FOLLOWING FORMS MUST ACCOMPANY THIS APPLICATION IN ORDER FOR THE APPLICATION TO BE CONSIDERED COMPLETE AND FOR THE ENROLLMENT TO BE PROCESSED.**

- A) **YOU MUST COMPLETE THE FAMILY ANCESTRY CHART ON THE BACK PAGE.** Fill out the information even if the persons involved are non-Indian.
- B) Attach an **ORIGINAL OR STATE CERTIFIED BIRTH CERTIFICATE**, **THIS WILL NOT BE RETURNED**, it will become a permanent part of the applicants file when accepted into the Tribe.
- C) Attach a photocopy of applicants **SOCIAL SECURITY CARD**, or bring in original and the Enrollment Department staff will make a photocopy
- D) Proof of paternity – if applicable – include, but not limited to notarized paternity affidavits, court orders of paternity, Probate findings, DNA test results.
- E) **BLOOD FROM OTHER TRIBES:** You must attach an original Certificate of Indian Blood or a Certified Family Tree in order for this blood to be counted. You may also need to provide proof on lineal ancestry, such as a birth and/or death certificates, tracing back to ancestors from another tribe.
- F) If the applicant is enrolled with another Tribe, three (3) notarized relinquishment forms must be included.

**\*\*\*NOTE\*\*\* SECTION 2.04, SUB-SECTION I OF THE ENROLLMENT CODE STATES:**

**“THE BURDEN OF PROVING ELIGIBILITY FOR ENROLLMENT SHALL BE THE APPLICANT, OR THE PERSON(S) ACTING FOR THE APPLICANT.”**

**(This includes providing proof of all federally recognized Indian Blood to be counted toward total blood degree.)**

I DO HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND THAT IF FOUND FRAUDULENT IN ANY WAY WILL BE GROUNDS FOR REMOVAL OF THE APPLICANTS NAME FROM THE MEMBERSHIP ROLL OF THE CONFEDERATED TRIBES OF THE UMATILLA INDIAN RESERVATION.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
RELATIONSHIP TO APPLICANT

\_\_\_\_\_  
DATE

THE STATEMENT BELOW MUST BE SIGNED BY THE ENROLLMENT OFFICER.

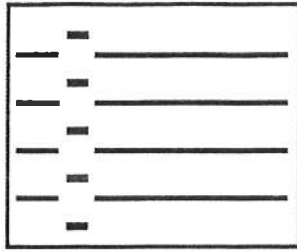
I DO HEREBY CERTIFY THAT I HAVE RESEARCHED THE INFORMATION PROVIDED AND HAVE FOUND THAT THE APPLICANT IS NOT NOW ALREADY ENROLLED WITH ANOTHER FEDERALLY RECOGNIZED INDIAN TRIBE WHERE THE APPLICANT MAY BE ELIGIBLE FOR ENROLLMENT.

RELINQUISHED FROM: \_\_\_\_\_

RESOLUTION DATE: \_\_\_\_\_

\_\_\_\_\_  
ENROLLMENT OFFICER

\_\_\_\_\_  
DATE



# FAMILY ANCESTRY CHART

