



Quileute Natural Resources

QUILEUTE INDIAN TRIBE

401 Main Street, P.O. Box 187

La Push, WA 98350

(360) 374-5695, Fax (360) 374-9250

Phone: (360) 374-5695 • Fax: (360) 374-9250



QUILEUTE ENROLLMENT APPLICATION

Dear Applicant:

Enclosed you will find an Enrollment Application packet for the Quileute Tribe. The packet includes the following:

- 1) Instructions to aid you through the application
- 2) Enrollment Application
- 3) Family Ancestry Chart
- 4) Affidavit of acknowledgement of paternity, if applicable
- 5) Relinquishment Form, if applicable. *(If a minor is relinquishing, both parents must sign the relinquishment form and it must be notarized in the presence of a Notary Public)*

If you need further assistance you may contact me at the Quileute Natural Resources office at (360) 374-2245, or by email at nellie.williams@quileutenation.org. My working hours are 8:00 a.m. to 4:00 p.m. Monday through Friday.

Sincerely, ~

Nellie Williams,
Enrollment Clerk,
Quileute Natural Resources.

**INSTRUCTIONS FOR COMPLETING AN ENROLLMENT
APPLICATION FOR MEMBERSHIP INTO THE QUILEUTE TRIBE**

File application with:

Nellie Williams, Enrollment Clerk
Quileute Natural Resources
PO Box 187
La Push, WA 98350-0187

(For questions call (360) 374-2245 or email nellie.williams@quileutenation.org)

Provide:

- 1) Applicant's complete name and address
- 2) Applicant's Date of Birth and Place of Birth
- 3) Ancestor Information
- 4) Answers to five simple questions
- 5) Quileute parent's signature on application, and date of signature
- 6) Completed family ancestry chart
- 7) Completed affidavit of acknowledgement of paternity, if necessary
- 8) Completed and Notarized Relinquishment Form, if necessary
- 9) Copy of Birth Certificate. The following records are acceptable: hospital record; baptismal record; tribal, bureau (BIA), or state record; affidavit of doctor or midwife attending birth.

Date received: _____

APPLICATION FOR ENROLLMENT

Applicant's full name: _____

Indian, maiden or other name by which known: _____

Mailing address: _____

| | | | | |
|---------------|----------------|------------------------|-------|----------|
| | Address | City | State | Zip Code |
| Date of Birth | Place of Birth | Social Security Number | | |
| | / | / | - | - |

Ancestor on base roll through whom enrollment rights are claimed:

Name: _____ Roll No.: _____ Relationship: _____

DEGREE OF INDIAN BLOOD CLAIMED:

| | | |
|----------------|----------------------------|--------------------|
| _____ | _____ | _____ |
| Quileute Tribe | Other: Give degree & Tribe | Total Indian Blood |

Is either of your parents enrolled as a member of another tribe? _____ Yes _____ No

If yes, which parent with what tribe? _____

Is applicant an adopted child? _____ Yes _____ No

Is applicant enrolled with another tribe? _____ Yes _____ No

Is applicant a direct lineal descendant of a member of the tribe? _____ Yes _____ No

COPY OF BIRTH CERTIFICATE, BAPTISMAL RECORD OR OTHER PROOF OF BIRTH AND PARENTAGE MUST BE SUBMITTED WITH APPLICATION FORM

_____ Date signed

_____ Signature of adult applicant or sponsor - must be a *Quileute parent*

If sponsored application, relationship of sponsor to applicant _____

(DO NOT WRITE BELOW THIS LINE)

RECOMMENDATION OF ENROLLMENT COMMITTEE

ACTION BY COUNCIL

_____ Approve
_____ Reject because _____

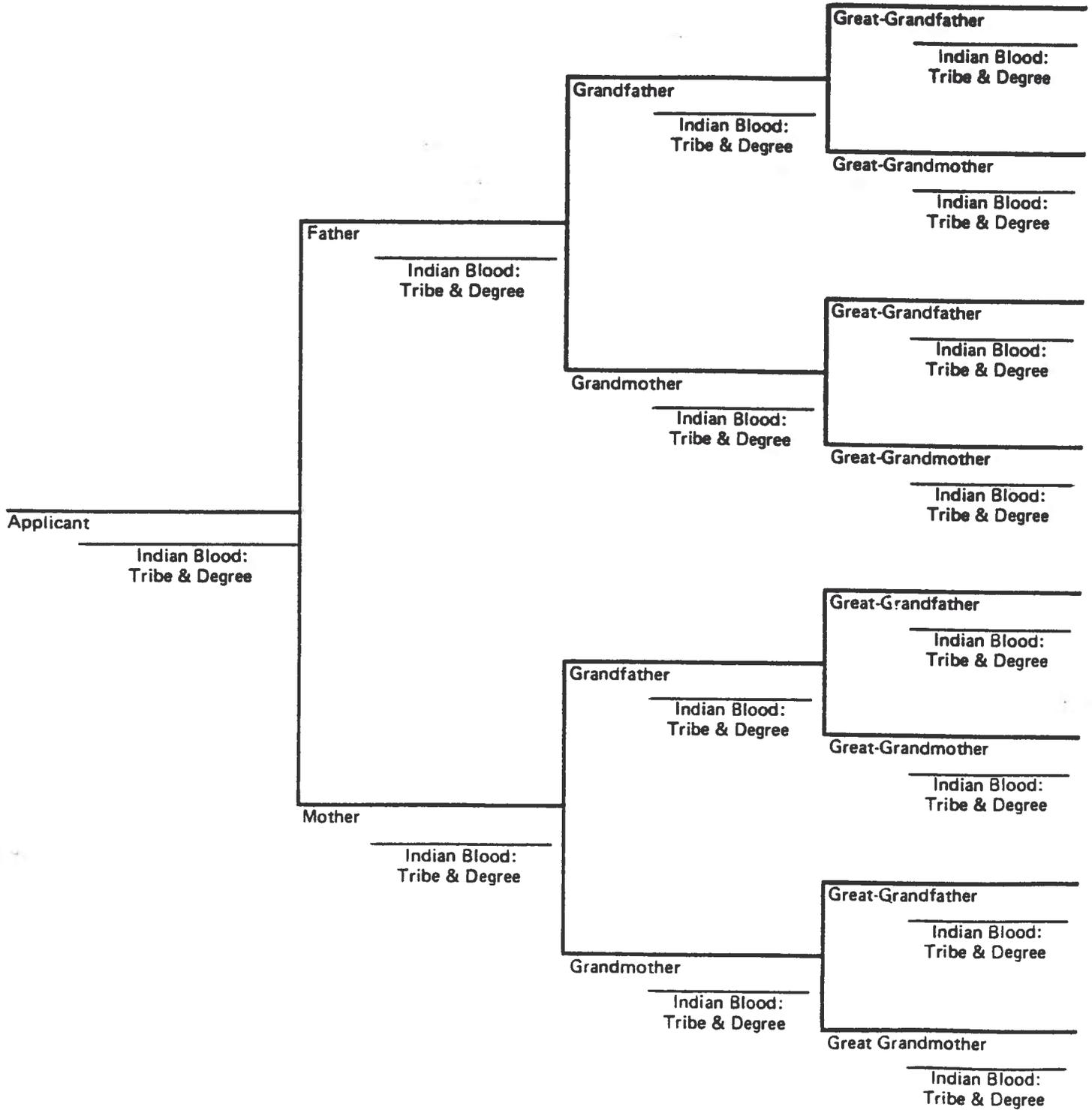
_____ Approve
_____ Reject for reasons recommended, or _____

Date: _____
_____ Signature of Committee Chair

Vote ___ For ___ Against
_____ Signature of Council Chair

FAMILY ANCESTRY CHART

| | |
|---|---|
| — | — |
| — | — |
| — | — |
| — | — |
| — | — |



AFFIDAVIT OF ACKNOWLEDGMENT OF PATERNITY

STATE OF _____)

COUNTY OF _____)

Child's name _____

Date of Birth _____

Place of Birth _____

Mother's name _____

I certify that I am the father of the above mentioned child.

My complete name is _____

My birthdate is _____

My birthplace is _____

Signed: _____

Subscribed and sworn to before me this _____ day of _____, 19__.

(Must sign in presence of the Notary)

Signed: _____
Notary Public in and for the state of _____

_____ residing at

(SEAL)

QUILEUTE MINOR RELINQUISHMENT FORM

I, _____, _____, parent or legal guardian (circle one) of _____ Date of Birth _____, do hereby relinquish all membership rights to and in the Quileute Tribe of Indians and hereby request to be enrolled in the _____ Tribe of Indians, provided that this relinquishment shall not be effective until enrollment is granted.

Print Name _____ Print _____

Sign Name _____ Sign Name _____

Address _____ Address _____

Notary Public

STATE OF _____)

COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

In and for the State of Washington

Residing at _____

Please note as stated in Resolution 2004-A-79, the person who relinquishes as an minor may re-apply for membership. Please not both parents must sign the minor relinquishment before a Notary.

RELINQUISHMENT

I, _____, Date of Birth _____, do hereby
relinquish all membership rights to and in the _____ Tribe of
Indians and hereby request to be enrolled in the _____ Tribe
of Indians, provided that this relinquishment shall not be effective until enrollment is granted.

(Must sign in
presence of
Notary Public)

Signed _____

Address _____
(mailing) _____

Notary Public or Certifying Officer

STATE OF _____)

COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 19 _____

Notary Public

In and for the State of Washington

Residing at _____

This relinquishment is to be filled out by persons who may be entitled to membership in two or more Indian Tribes, in presence of the Notary Public.