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.ratliff@quileutenation.org. My working hours are 8:00 a.m. to 4:00 p.m. Monday through Friday.

Sincerely

Nellie Ratliff

Enrollment Clerk

Quileute Natural Resources

INSTRUCTIONS FOR COMPLETING AN ENROLLMENT

APPLICATION FOR MEMBERSHIP INTO THE QUILEUTE TRIBE.

File application with:

Nellie Ratliff, Enrollment Clerk

Quileute Natural Resources

PO Box 187

La Push WA 98350-0187

(For questions call (360) 374-2245 or mail nellie.ratliff@quileutenation.org)

Provide:

1) Applicant's complete name and address for the person enrolling, not parents information
2) Applicant's Date of Birth and Place of Birth
3) Ancestor Information
4) Answers the five simple questions
5) Quileute Parent needs to sign the application and indicate who is sponsoring the application
6) Complete family ancestry chart
7) Completed affidavit of acknowledgement of paternity, if necessary. This can be in lieu of a marriage certificate
8) Completed and Notarized relinquishment form, if necessary
9) Copy of state birth certificate is the preferred birth certificate

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

_____ Approve

_____ Reject because _____

_____

_____

_____

Date:_____ _____

Signature of Committee Chair

ACTION BY COUNCIL

_____ Approve

_____ Reject for reasons recommended, or _____

_____

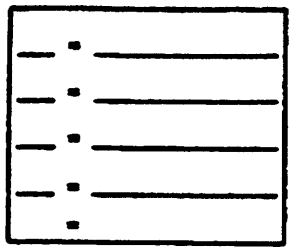
_____

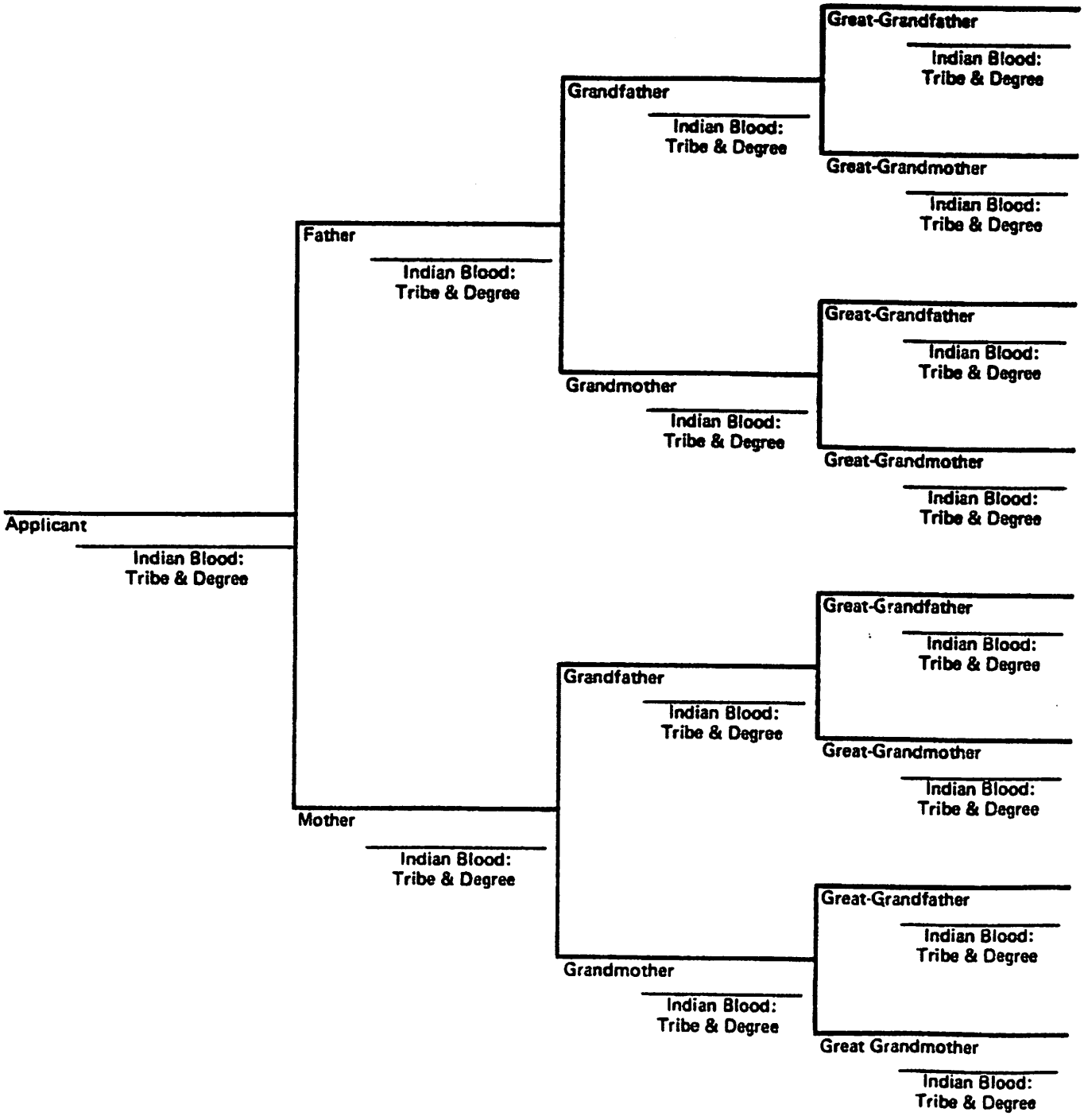
Vote ___ For _____ Against

_____

Signature of Council Chair

FAMILY ANCESTRY CHART





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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 a minor may re-apply for membership with the Quileute Tribe. Please note both parents must sign the minor relinquishment before a Notary.

QUILEUTE ADULT RELINQUISHMENT FORM

I, _____, 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 _____

Sign Name _____

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 adult may not re-apply for membership.