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 8:00AM to 4:00PM, 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 (of the person enrolling--not the parents)
2) Applicant's Date of Birth and Place of Birth
3) Ancestor Information
4) Answer the five simple questions
5) Quileute Parent needs to sign the application and indicate who is sponsoring the application
6) Completed 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. (This is the preferred birth certificate.)
**APPLICATION FOR ENROLLMENT – QUILEUTE TRIBE**

**APPLICANT INFORMATION**

<table>
<thead>
<tr>
<th>Applicant’s Full Name:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>M.I.</th>
</tr>
</thead>
</table>

*Indian, maiden, or other name(s) by which known:*

<table>
<thead>
<tr>
<th>Street Address / P.O. Box</th>
<th>Apt.#</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Place of Birth</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

**RELATIONSHIP INFORMATION**

**ANCESTOR ON BASE ROLL THROUGH WHOM ENROLLMENT RIGHTS ARE CLAIMED:**

Name: __________________________ Roll No.: ___________ Relationship: __________________________

**DEGREE OF INDIAN BLOOD CLAIMED:**

<table>
<thead>
<tr>
<th>Quileute Tribe: (Degree/Tribe):</th>
<th>Total Indian Blood:</th>
</tr>
</thead>
</table>

Is either of your parents enrolled as a member of another tribe?

If yes, which parent, with what tribe?

<table>
<thead>
<tr>
<th>Is the applicant an adopted child?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is the applicant enrolled with another tribe?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is applicant a direct lineal descendent of a member of the tribe?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

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

Applicant Signature: __________________________ Date: __________________________

Signature of adult applicant or sponsor—must be a Quileute parent

If sponsored, relationship of sponsor to applicant

**OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

**RECOMMENDATION OF ENROLLMENT COMMITTEE**

<table>
<thead>
<tr>
<th>APPROVE</th>
<th>REJECT, for reasons below:</th>
</tr>
</thead>
</table>

**ACTION BY COUNCIL**

<table>
<thead>
<tr>
<th>APPROVE</th>
<th>REJECT, for reasons recommended, or:</th>
</tr>
</thead>
</table>

VOTE ______ FOR ______ AGAINST

Signature of Committee Chair Date

Signature of Council Chair
QUILEUTE MINOR RELINQUISHMENT FORM

I, _____________________________________________, parent or legal guardian [circle one], of 

[name] _______________________________________________, born [DOB] ________________, 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 Name______________________________________

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, _____________________________________________, born [DOB] ________________, 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 with the Quileute Tribe.
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 _____________________, 20_____.

_______________________________________
Notary Public
In and for the State of Washington
Residing at ______________________________