

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 8:00AM 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

Applicant's

Full Name: _____ Date: _____
Last First M.I.

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

Street Address / P.O. Box _____ Apt.# _____

City _____ State _____ ZIP Code _____

Date of Birth _____ Place of Birth _____ Social Security Number _____

RELATIONSHIP INFORMATION

ANCESTOR ON BASE ROLL THROUGH WHOM ENROLLMENT RIGHTS ARE CLAIMED:

Name: _____ Roll No.: _____ Relationship: _____

DEGREE OF INDIAN BLOOD CLAIMED:

Quileute Tribe: _____ Other (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 the applicant an adopted child? YES NO

Is applicant enrolled with another tribe? YES NO

Is applicant a direct lineal descendent 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.**

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

____ APPROVE
____ REJECT, for reasons below:

Signature of Committee Chair

Date

ACTION BY COUNCIL

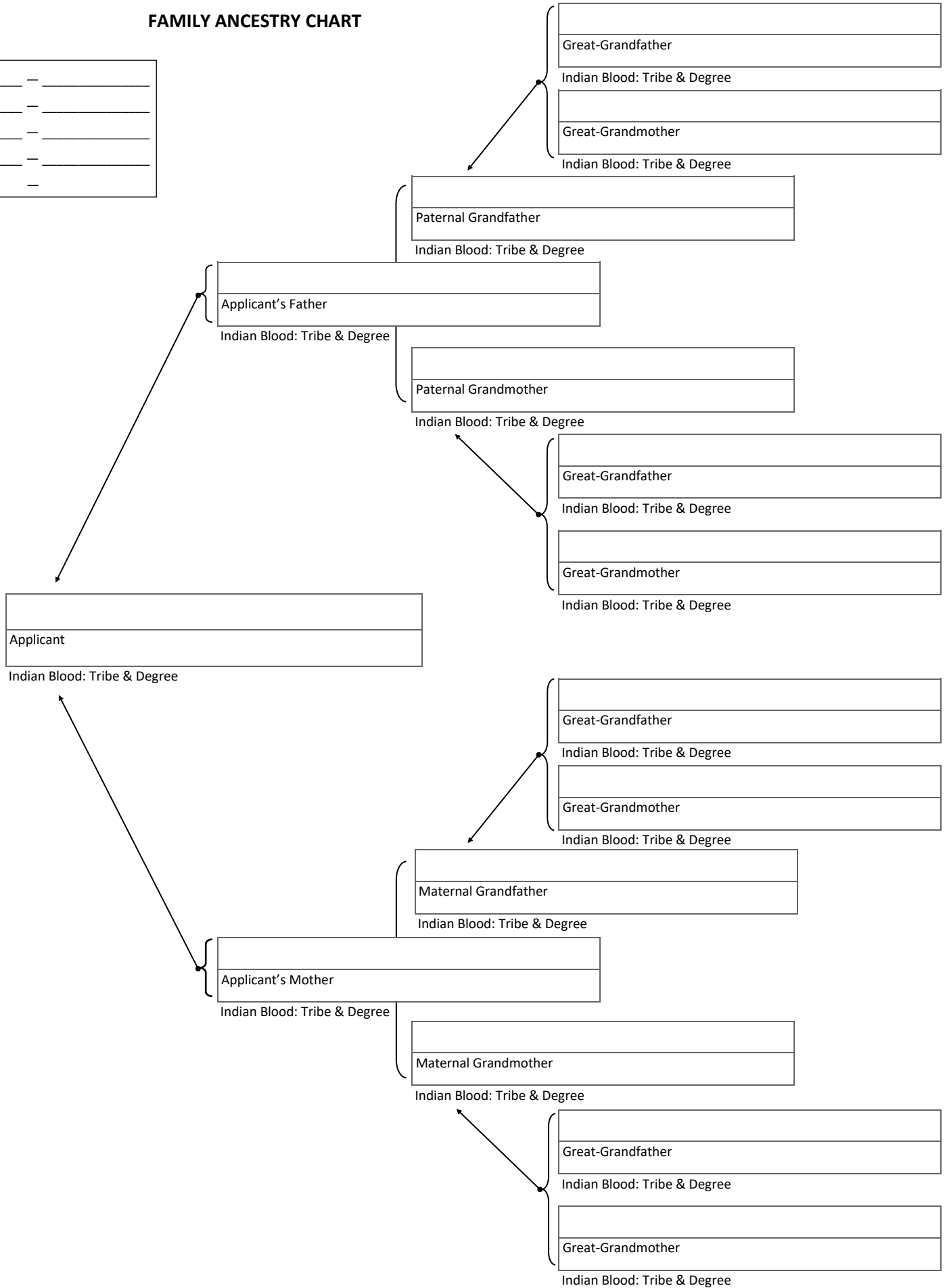
____ APPROVE
____ REJECT, for reasons recommended, or:

VOTE ____ FOR ____ AGAINST

Signature of Council Chair

FAMILY ANCESTRY CHART

—	—	—
—	—	—
—	—	—
—	—	—
—	—	—



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.

AFFIDAVIT OF ACKNOWLEDGEMENT 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 _____, 20_____.

Notary Public

In and for the State of Washington

Residing at _____
