

## 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](mailto: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](mailto: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

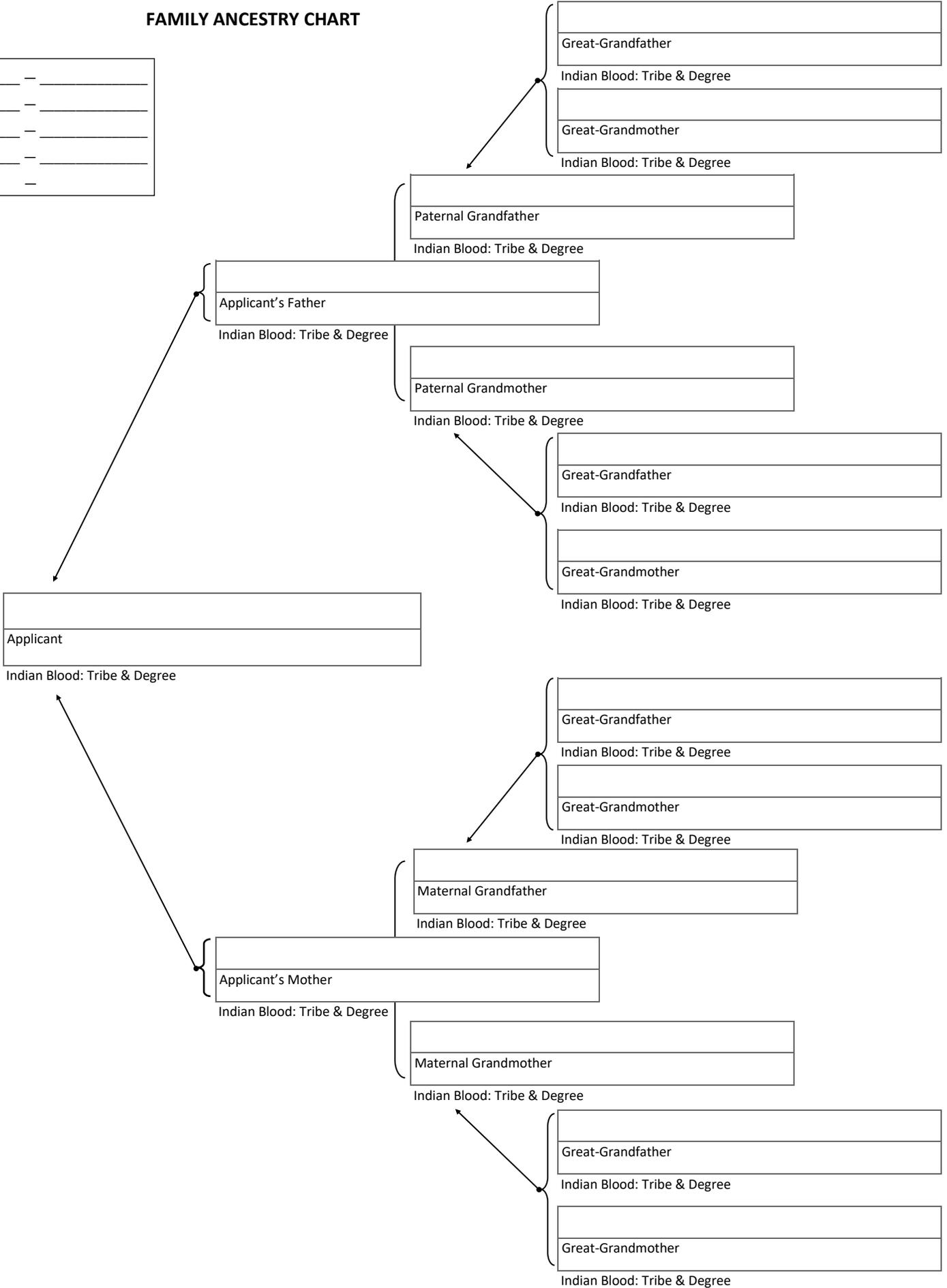
\_\_\_\_ APPROVE  
\_\_\_\_ REJECT, for reasons recommended, or:

\_\_\_\_\_  
\_\_\_\_\_  
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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_