



Application Number: _____

The Klamath Tribes
P.O. Box 436, 501 Chiloquin Blvd.
Chiloquin, Oregon 97624
(541)783-2219 or (800)524-9787
Fax: (541)783-7768

ENROLLMENT APPLICATION

To be eligible for enrollment in the Klamath Tribes pursuant to the Enrollment Ordinance Title 1 Chapter 4.06 a person shall:

1. be named on the official Klamath Final Roll of August 3, 1954; or
2. possess one-eighth (1/8) degree or more Klamath, Modoc, or Yahooskin Indian blood (Ref: 9/26/13); and
3. not be enrolled in any State or other Federally recognized Indian Tribe.

Applications for enrollment may be filed by any person who believes he or she meets the enrollment requirements.

PLEASE FILL OUT THE INFORMATION REQUESTED BELOW, AND ATTACH ALL THE REQUIRED DOCUMENTS. INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.

Applicant Information: Please type or print

Applicant's full name _____

Indian, maiden, or other name by which known: _____

Address _____ City _____ State _____ Zip _____

Mailing Address if different: _____

Phone # _____ MSG # _____ email _____

SSN _____ Date of Birth: _____ Place _____

Is applicant eligible for enrollment with any other tribe? Yes No

Is or has the applicant been enrolled with any other tribe? Yes No

If the applicant is enrolled with any other tribe, notarized relinquishment forms must be included with the application

Ancestor on base roll of 1954 through whom enrollment rights are claimed:

Name: _____ Roll # _____

Relationship: _____

For Internal Use Only

Blood Degree: _____

RECOMMENDATION OF ENROLLMENT COMMITTEE:

APPROVAL: _____ DECLINED: _____

COMMENTS: _____

AUTHORIZED SIGNATURES:

DATE: _____

1) _____ 4) _____

2) _____ 5) _____

3) _____ 6) _____

ENROLLMANT APPLICATION

Applicant's Mothers Information:

Name: _____ Phone # _____
Address _____
City _____ State _____ Zip _____ SSN _____
Indian, maiden, or other name by which known: _____
Is mother enrolled with any Federally recognized tribe? Yes No
if yes, name of Tribe: _____
Address of Tribe: _____ State _____ Enrollment # _____
Blood Degree: _____

Applicant's Fathers Information:

Name: _____ Phone # _____
Address _____
City _____ State _____ Zip _____ SSN _____
Indian, maiden, or other name by which known: _____
Is father enrolled with any Federally recognized tribe? Yes No
if yes, name of Tribe: _____
Address of Tribe: _____ State _____ Enrollment # _____
Blood Degree: _____

Applicant's Grandparent Information:

Maternal Grand-Mother: _____ Date of Birth: _____
Enrolled? Yes No Where? _____ Number: _____
Maternal Grand-Father: _____ Date of Birth: _____
Enrolled? Yes No Where? _____ Number: _____
Paternal Grand-Mother: _____ Date of Birth: _____
Enrolled? Yes No Where? _____ Number: _____
Paternal Grand-Father: _____ Date of Birth: _____
Enrolled? Yes No Where? _____ Number: _____

ENROLLMENT APPLICATION

Application for Enrollment:

This enrollment application was developed according to the requirements established within the Enrollment Ordinance, Klamath Tribal Code, Title 1 Chapter 4, adopted by the Klamath Tribes General Council on February 23, 2008. Revised September 26, 2013.

Applications for enrollment may be filed by any person who believes he or she meets the enrollment requirements. For persons who are minors, who are under other legal disability, or who are children of a member of the Armed Services stationed outside the continental U.S., applications for enrollment may be filed by the parent, next of kin, recognized guardian, the Tribes, or other person responsible for the applicant's care.

Supporting Documents.

Every application for enrollment shall be accompanied by the following:

1. **A Family Tree or Ancestry Chart.** The family tree shall include supporting documentation authenticating all information included in the family tree submission. The supporting documentation must establish the ancestry and parentage of the applicant.
2. The child's **Original or State certified Birth Certificate** showing both mother and father's name.
3. **Proof of Paternity (if applicable)**
 - (a) Paternity or maternity notarized statements signed by the mother and the father.
 - (b) DNA tests or other court-recognized scientific testing.
 - (c) Klamath Tribal Court or an order establishing paternity entered by another court of proper jurisdiction.
 - (d) Where the alleged father is deceased, three notarized affidavits from persons with personal knowledge that the alleged father is the child's natural or biological father.
 - (e) Adoption papers (if needed).
4. If applicant is enrolled with another Tribe, notarized relinquishment forms must be provided before action may be taken on enrollment.
5. **Additional Documentation.** The Committee may require the applicant to submit additional or alternative documentation or may require the applicant to establish paternity in the Klamath Tribal Court.

Burden of Proof:

The burden of proving eligibility for enrollment shall be upon the applicant or the person making the application.

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

Signature of Applicant or Guardian Relationship to Applicant Date: _____
If applicant is under 18

Enrollment Officer's Statement: *I certify that I have researched the information provided and have found that the applicant is not now enrolled with another Federally Recognized Indian Tribe where the applicant may be eligible for enrollment.*

Enrollment Officer Date: _____

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