



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) \_\_\_\_\_

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## 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: \_\_\_\_\_

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### 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: \_\_\_\_\_

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### 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: \_\_\_\_\_

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**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

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**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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# Klamath Tribes

Family Tree Chart for ,

