

Confederated Tribes of Siletz Indians  
**Enrollment Department**

201 SE Swan Ave  
PO Box 549  
Siletz, Oregon 97380-0549  
Telephone: (541)444-8258 • Toll Free: (800) 922-1399 ext. 1258  
E-Mail: [angelar@ctsi.nsn.us](mailto:angelar@ctsi.nsn.us)

**Application for Enrollment**

**Quarterly deadlines are the second (2<sup>nd</sup>) Friday of January, April, July, and September each year.**

**INCLUDED IN ADDITION TO THE APPLICATION FOR ENROLLMENT IS:**

- Instructions for completing the Application
- Bands and Tribes which comprise the Siletz Tribe
- Declaration of Tribal Enrollment
- Family Tree

**MEMBERSHIP REQUIREMENTS:** *Per the Siletz Tribal Constitution Article 1, Section 1 and per the Enrollment Ordinance §2.301*

The membership of the Siletz Tribe shall be open to all persons who are not enrolled as members of another federally recognized Indian Tribe **and**:

1. Whose name validly appears on the official Siletz Tribal Roll dated May 17, 1978; **or**
2. Who possesses 1/16 or more degree Siletz blood quantum (as defined in #8 on the Application for Enrollment); **and**
3. Living from the time they make the application until the time they are accepted by Tribal Council as members on the Tribal Roll.

**REQUIRED DOCUMENTATION TO BE SUBMITTED WITH THE APPLICATION:**

- SILETZ HERITAGE:** An ORIGINAL long-form State certified certificate of live birth for the applicant showing parent's names. DNA testing may be requested.
  - If the State certified legal birth certificate is not obtainable, other supporting documentation from court, hospital, or church records may be considered.
  - The biological birth parent who is an enrolled Siletz Tribal member must be displayed on the state certified legal birth certificate of the applicant.
  - If the applicant was adopted, the legal adoption documentation listing the biological parent(s) and/or the pre-adoption Certificate of Live Birth.
  - If biological parents are not Siletz tribal members, the applicant must provide ORIGINAL State certified birth and death certificates showing their blood line to the direct ancestor the applicant is claiming eligibility through.
- VERIFICATION OF LEGAL NAME WITH INTERNAL REVENUE SERVICE:** An ORIGINAL United States Social Security Card. It is important your name that will potentially be on the Siletz Tribal Roll match the US Internal Revenue Service (IRS) for tax purposes regarding per capita and other tribal payments.
  - All ORIGINAL documents submitted to the Enrollment Department for processing the Application will be returned via certified mail with the US Postal Service.
  - ORIGINALS with the Application can be presented to any Siletz Tribal Office for **color copies** of the front and back of the document with submission of the Application. The Tribal Staff must complete the *Certification of True & Accurate Duplication* form to be submitted with the Application.
  - Copies that have not been certified by Siletz Tribal Staff will not be accepted.
- Name on Birth Certificate & Social Security Card:** If the name on your birth certificate and your social security card do not match, include the legal documentation (marriage certificates, adoption records, etc) that changed your name. On paper, your name changes must be able to be tracked to confirm your identity to your legal name.

## INSTRUCTIONS

### **PAGE 1: APPLICANT INFORMATION**

1. Enter the full LEGAL name of the applicant as it appears on their Social Security card. If the name does not match their name as on file with the IRS, additional fees may be added to per capita or other tribal payments.
2. Enter other names used such as maiden name, previous married names, or alias.
3. Enter Date of Birth and Social Security Number.
4. Enter the complete MAILING street address/PO Box where the applicant receives mail including the City, State abbreviation (for example the applicant lives in Oregon write OR) and postal code where the mail is received.
5. Enter the complete RESIDENTIAL address where the applicant resides including the City, State abbreviation, and postal code.
6. Enter the applicant's telephone number they may be reached during business hours. Telephone (2) may be used for cellular or message phone numbers.
7. If the applicant is a direct lineal descendant of a member of the Siletz Tribe select "Yes" otherwise select "No". If the applicant selects "No" proof of tribal blood line & heritage will need to be presented with the Application. If "yes", enter the name of the direct lineal Ancestor the applicant is claiming their Siletz blood from. Enter the relationship the applicant has with the direct ancestor (for example Paternal Grandmother) and the direct ancestor's Siletz tribal roll number.
8. Enter the legal name of the applicant's biological father, Siletz Tribal band(s) (see page 3 for listing of Bands), Siletz Blood Quantum and the Siletz Tribal Roll Number.
9. Enter the legal name of the applicant's biological mother, Siletz Tribal band(s) (see page 3 for listing of Bands), Siletz Blood Quantum and the Siletz Tribal Roll Number.
10. If one or both of the applicant's parents are enrolled in another Tribe select "Yes". If neither of the applicant's parents are enrolled in another Tribe select "No".
- 11a. If either of the applicant's parents are enrolled in another Tribe enter the name of the Tribe.
11. If the applicant is enrolled in another Tribe select "Yes" otherwise select "No". Applicants will not be approved for Enrollment with the Tribe if they are a current member, pending applicant or intend to apply for enrollment with another Tribe. The Siletz Tribe does not allow for dual Tribal enrollment.
12. If the applicant was or is an adopted child select "Yes" otherwise select "No."
13. If the applicant is a Veteran, mark "Yes" and list the branch(es) of service as the Siletz Tribe has a Veteran's Coordinator to assist Tribal member Veterans. Upon approval of Enrollment with the Tribe, the Applicant's name will be given to the Veteran's Coordinator to make contact for Tribal Veteran activities.
14. If the applicant is a minor or an adult under a legal guardianship, list the name of the person who is completing the Application on behalf of the Applicant. Enter the mailing address with city, state abbreviation, and postal code. Enter the relationship between the applicant and the person completing the Application, for example; mother, father, Power of Attorney, guardian, and/or caseworker. The Letter of Receipt will be mailed to the person completing the Application.
15. Signature of the applicant or person completing the application on behalf of the applicant.
16. Mark which person signed the Application; Applicant, Legal Guardian of Minor or Legal Guardian of Adult.

### **PAGE 2: BANDS AND TRIBES WHICH COMPRISE THE SILETZ TRIBE**

See the instructions as listed on page three.

### **PAGE 3: DECLARATION OF ENROLLMENT**

ALL applicants must read the Enrollment Ordinance regarding enrollment in another Tribe, complete, sign and return page four.

### **PAGE 4: APPLICANT'S FAMILY TREE**

Complete the family tree with as much information that is known. List the name above the relationship & Tribal information in the areas on the document. This document is very important if the biological parent(s) are not enrolled with the Siletz Tribe. Use this form as a guide as to the birth and death certificates (or other documentation) that will need to be submitted to document Siletz heritage. Non-Tribal family lineage does not need to be included.

## INSTRUCTIONS (CONTINUED)

### **APPLICATION SUBMISSION:**

If you need assistance or clarification on the Enrollment processes, contact the Enrollment staff at (800) 922-1399 ext. 1258. You can also access the Siletz Enrollment Ordinance at [www.ctsi.nsn.us](http://www.ctsi.nsn.us).

1. Before submitting the Application:
  - a. Make sure ALL questions have been answered. Questions left unanswered or marked as N/A will cause the Application to be considered incomplete.
  - b. Ensure the Application is legible with correct SPELLING and DATES.
  - c. Ensure the Application has been signed (Page 1, #16 7 Page 3) by the Applicant or their legal guardian.
  - d. If your Application is complex (multiple birth/death certificates, Census records, etc.) please identify on the attachments as "Exhibit #\_\_" and a table of contents with a brief explanation of what the document is showing.
2. The ORIGINAL Application for Enrollment can be submitted via:
  - a. US MAIL: CTSI-Enrollment Department, PO Box 549, Siletz, OR 97380
  - b. CARRIER: (FedEx, UPS, etc.) CTSI-Enrollment, 201 SE Swan Ave., Siletz, OR 97380
  - c. IN PERSON: At any one of the Area Offices; Siletz, Eugene, Salem, or PortlandNOTE: FAXES or SCANS are NOT acceptable.

### **AFTER THE APPLICATION IS RECEIVED BY THE ENROLLMENT DEPARTMENT:**

#### Initial Review by Enrollment Clerk:

- The Enrollment Clerk will review the Application and submitted documentation. A determination on the status (complete or incomplete) of the Application will be made by the Enrollment Clerk and notification provided to the Applicant (or their Guardian).

#### Complete Applications:

- When the Enrollment Clerk determines an Application is complete, notification will be sent to the Applicant (or their Guardian) stating the Application is complete. The Application will be forwarded to the Enrollment Committee for review at their next Quarterly Posting Review meeting.
- **Quarterly deadlines are the second (2<sup>nd</sup>) Friday of January, April, July, and September each year.** Complete Applications received after the Quarterly deadline will be held for the next Quarters Posting review.

#### Incomplete Applications:

- If the Enrollment Clerk has determined the Application is incomplete or additional documentation is needed to determine eligibility, the Applicant (or their Guardian) will receive notification with a listing of the further documentation that is required to complete the Application.
- The application must be considered complete within 30-days from when the Applicant receives notification their Application is incomplete or by the next quarter's deadline (whichever is later). If an Application is not complete within the timeframe, the Application will be returned to the Applicant (or their Guardian). The Applicant may reapply immediately with an updated Application and all of the previously required and requested documentation.

**NOTE:** Pursuant to Enrollment Ordinance §2.304(e)(5) The Tribal Council will not take any action on an Application for Enrollment, name change, loss of enrollment, or removal from the roll requests between December 1<sup>st</sup> of each year and the conclusion of Election Day the following calendar year on the first Saturday of February.

### **PROTECTION OF PRIVATE & CONFIDENTIAL INFORMATION:**

The Tribal Operations Manual §2.056 requires Tribal Departments to inform applicants of the purposes. The intended use of information gathered and the consequences of failing to provide the required information.

1. The documentation requested with the Application is relevant and necessary to determine eligibility for enrollment with the Siletz Tribe.
2. The information will be used to determine whether the applicant is eligible for enrollment as a member of the Siletz Tribe, routine enrollment activities and general tribal business with members (for example, maintenance of mailing list).
3. Failure to submit a complete Application will result in not being enrolled as a Tribal member.
4. Failure to provide sufficient information will result in rejection of the Application.
5. Effects of Non-Disclosure: Disclosure of the requested information is voluntary. No penalty will be imposed for failure to respond.



**SILETZ TRIBAL OFFICE USE ONLY**

REC'D DATE: \_\_\_\_\_ COMPLETE DATE: \_\_\_\_\_ POST #: \_\_\_\_\_

REC'D BY: \_\_\_\_\_ CIF #: \_\_\_\_\_ BQ: \_\_\_\_\_

**THE CONFEDERATED TRIBES OF SILETZ INDIANS OF OREGON  
APPLICATION FOR ENROLLMENT**

*Prepared under the provisions of the Siletz Constitution approved June 13<sup>th</sup>, 1979, Article I, Section 1*

**Please print clearly in blue or black ink**

**1. Applicant's FULL LEGAL Name as it appears on their Social Security Card:**

_____	_____	_____	_____
First	Middle	Last	Suffix (Sr., Jr., III)

2. Also Known As/Alias (Maiden, Indian, Other): \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

4. Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

7. *Direct Lineal Descendant Claim: To be eligible for enrollment an Applicant must prove to have a minimum of 1/16 Siletz Blood Quantum. The Tribe defines "Siletz Blood" as all Indian Blood derived from a direct ancestor who was named on any roll or records of Siletz Tribal Members prepared by the Department of Interior prior to June 13<sup>th</sup>, 1979. DNA testing may be requested.*

Is the applicant a direct lineal descendant of an enrolled member of the Siletz Tribe?  No  Yes

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Roll #: \_\_\_\_\_

*List both parent's, even if they are not a Tribal member:*

8. Applicant's Biological Mother: \_\_\_\_\_

Band(s) \_\_\_\_\_ Siletz Blood Quantum: \_\_\_\_\_ Roll #: \_\_\_\_\_

9. Applicant's Biological Father: \_\_\_\_\_

Band(s) \_\_\_\_\_ Siletz Blood Quantum: \_\_\_\_\_ Roll #: \_\_\_\_\_

**ALL APPLICANTS MUST COMPLETE THIS PAGE**

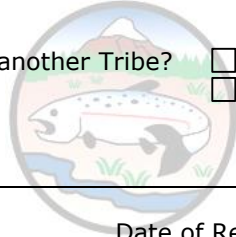
**DOCUMENT IS REQUIRED TO BE COMPLETED IN FULL, INCOMPLETE APPLICATIONS WILL BE RETURNED**

# THE CONFEDERATED TRIBES OF SILETZ INDIANS OF OREGON APPLICATION FOR ENROLLMENT

10. Is either of the Applicant's parents an enrolled member of another tribe?  No  Yes

If Yes, which parent and with what Tribe? \_\_\_\_\_  
\_\_\_\_\_

11. Has the Applicant ever been enrolled with another Tribe?  No, go to question #12  
 Yes, answer questions A & B below:



A. Tribe Name: \_\_\_\_\_

Roll#: \_\_\_\_\_ Date of Relinquishment: \_\_\_\_\_

B. Is this a Federally recognized Tribe:  Yes  No

*NOTE: Evidence of unconditional relinquishment, by Tribal Council resolution or other written confirmation from the Tribe, must accompany the Application for Enrollment to be considered complete.*

12. Is the Applicant an adopted child?  No  Yes

13. Is the Applicant a Veteran?  No  Yes If Yes; please send copies of DD-214 and service photo.

14. If being submitted on behalf of a minor or adult under guardianship, provide the Information for the person completing and submitting this Application:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**Note: Penalty for fraudulent statements or false documents. The person completing this Application may be subject to Tribal and Federal sanctions, including fines and/or imprisonment.**

15. Signature: **X** \_\_\_\_\_

16. Signed By:  Applicant  Legal Guardian of Minor  Legal Guardian of Adult

**ALL APPLICANTS MUST COMPLETE THIS PAGE**

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**THE CONFEDERATED TRIBES OF SILETZ INDIANS OF OREGON  
APPLICATION FOR ENROLLMENT**

**DECLARATION OF TRIBAL ENROLLMENT**

I, \_\_\_\_\_ am applying for  
(Print the name of the person completing & signing form)

enrollment with the Confederated Tribes of Siletz Indians (CTSI) on behalf of



\_\_\_\_\_  
(Applicant's FULL LEGAL Name)

**Read each statement and initial, please call (541) 444-8258 if you have questions:**

- \_\_\_\_\_ I declare that the Applicant is not currently enrolled with another federally recognized Tribe, band, Pueblo or Alaska Native Corporation;
- \_\_\_\_\_ I declare the Applicant is not applying for enrollment in any other Federally recognized Tribe, band, Pueblo or Alaska Native Corporation; and
- \_\_\_\_\_ I declare the Applicant will not attempt to enroll in any other Federally recognized Tribe, band, Pueblo or Alaska Native Corporation.

**ENROLLMENT ORDINANCE §2.308:  
ENROLLMENT IN ANOTHER TRIBE**

- (a) Individuals who are enrolled in or members of another federally recognized Indian Tribe, band, Pueblo or Alaska Native Corporation pursuant to 43 U.S.C. § 1601 et seq., shall not be eligible for enrollment in the Siletz Tribe.
- (b) For purposes of this Ordinance, enrollment or membership in another tribe or Alaska Native Corporation does not include participation in a judgment fund or other entitlement where eligibility is based solely on descendency and enrollment is only for purposes of participation in the distribution of the fund or entitlement.
- (c) Individuals who are already enrolled in the Siletz Tribe and are later found to be enrolled in another Federally recognized Indian tribe, with the exception of the circumstances outlined in subsection (b) of this Section, will be given thirty (30) days to relinquish membership from either tribe. If, after thirty (30) days, the relinquishment process has not been initiated, the staff shall begin Loss of Membership proceedings outlined in §2.310 of the Enrollment Ordinance.

**BY MY SIGNATURE, I ATTEST** I have read the statement above regarding the Siletz Tribal Law (Code) for enrollment in another Tribe. I am aware there are Tribal and Federal penalties for making any fraudulent statements in this Declaration and the Application for Enrollment, up to and including fines of not more than \$10,000 and/or imprisonment for not more than five (5) years or both.

Signature: **X** \_\_\_\_\_ Date \_\_\_\_\_

**ALL APPLICANTS MUST COMPLETE THIS PAGE**

**DOCUMENT IS REQUIRED TO BE COMPLETED IN FULL, INCOMPLETE APPLICATIONS WILL BE RETURNED**

**THE CONFEDERATED TRIBES OF SILETZ INDIANS OF OREGON  
APPLICATION FOR ENROLLMENT**

**TRIBES AND BANDS THAT COMPRISE THE SILETZ TRIBE**

Geographic Areas of Tribal Interest Ordinance, Siletz Tribal Code §7.203:

The legal history of those tribes, bands and groups which comprise the Siletz Tribe are extremely varied. In some cases tribes or bands were moved as identifiable, complete entities to the Siletz Reservation. In other cases, tribes or groups were moved piecemeal or at different times to the Siletz Reservation, or different sub-groups of a tribe or band were moved separately to the Siletz Reservation as those groups signed treaties, engaged in hostilities, surrendered, or were moved to or removed from specific territory. In still other cases, a tribe or band was not moved at one time as a group to the Siletz Reservation, but individual members or families from such tribes or bands were moved to the Siletz Reservation as the individuals or families were captured or as other circumstances occurred. The Siletz Tribe declares its legal, historical and cultural connection to all such tribes and bands.

**INSTRUCTIONS:** The Siletz Tribe is comprised of many tribal bands of indigenous peoples of Western Oregon. The fact that you may be from one of the listed bands does not mean you are eligible for enrollment with the Siletz Tribe. If you know what bands you descend from please mark, it is not required. The Siletz Tribe will not deny your application solely on the inability to identify your family's band(s).

- Alesea** (including  Yaquina and  Alesea);
- Chinook** (including upper and lower  Chinook and  Clatsop);
- Coos** (including  Hanis and  Miluk)
- Kalapuya** (including  Yamhill,  Santiam,  Yoncalla,  Tualatin,  Mary's River, etc.)
- Lower Umpqua,**
- Siuslaw;**
- Molalla;**
- Shasta** (including  Klamath River)
- Rogue River** (this is the general term that has been applied to  Takelma,  Shasta,  Applegate,  Galice Creek, or any of the  Lower Rogue River Athapascan groups)
- Klickitat**
- Takelma** (including  Dagelma,  Latgawa and  Cow Creek)
- Tututni** (including all southwest Oregon Athapascan Indian groups including  Upper Umpqua,  Upper Coquille,  Euchre Creek,  Flores Creek,  Pistol River,  Port Orford,  Yashute,  Mikonotunne,  Applegate River,  Galice Creek,  Chetco,  Chasta Costa,  Tolowa,  Sixes,  Naltunnetunne, etc.)
- Tillamook** (including  Siletz,  Salmon River,  Nestucca,  Nehalem &  Tillamook Bay, etc.)

**COMPLETE THIS FORM AS BEST AS POSSIBLE**



CONFEDERATED TRIBES OF SILETZ INDIANS OF OREGON  
APPLICATION FOR ENROLLMENT

BIOLOGICAL FAMILY TREE: COMPLETE THIS FORM AS BEST AS POSSIBLE

Blood Quantum =BQ

Date of Birth = DOB

<p><b>Great Grandfather</b> Tribe: Roll #: DOB: BQ:</p>	<p><b>Paternal Grandfather</b> Tribe: Roll #: DOB: BQ:</p>	<p><b>Father</b> Tribe: Roll #: DOB: BQ:</p>
<p><b>Great Grandmother</b> Tribe: Roll #: DOB: BQ:</p>	<p><b>Paternal Grandmother</b> Tribe: Roll #: DOB: BQ:</p>	<p><b>Mother</b> Tribe: Roll #: DOB: BQ:</p>
<p><b>Great Grandfather</b> Tribe: Roll #: DOB: BQ:</p>	<p><b>Maternal Grandfather</b> Tribe: Roll #: DOB: BQ:</p>	<p><b>Applicant Name</b> Tribe: DOB: BQ:</p>
<p><b>Great Grandmother</b> Tribe: Roll #: DOB: BQ:</p>	<p><b>Maternal Grandmother</b> Tribe: Roll #: DOB: BQ:</p>	<p><b>Applicant Name</b> Tribe: DOB: BQ:</p>



