



Confederated Tribes of Siletz Indians • Enrollment Department

Mailing: PO Box 549 • Physical: 201 SE Swan AVE
Siletz, Oregon 97380-0549 • Siletz, Oregon
Telephone: (541)444-8258 • Toll-Free: 1-800-922-1399 extension 1258
Website: ctsi.nsn.us • E-Mail: angelam@ctsi.nsn.us

READ THIS ENROLLMENT APPLICATION COVER LETTER CAREFULLY

Included with this cover letter is the Instruction Sheet, Application for Enrollment with the Confederated Tribes of Siletz Indians (CTSI hereafter), Family Tree, and List of Siletz Indian bands.

REQUIREMENTS:

The membership of the CTSI 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 tribal roll; or
2. Who possesses 1/16 or more degree Siletz Indian blood quantum; 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:

- State certified legal birth certificate. We will not accept wallet size birth certificate cards or certificate of live births, however, if the State certified legal birth certificate is not obtainable, other supporting documentation from court or hospital. Church records may be considered. The natural birth parent who is an enrolled Siletz Tribal member must be displayed on the state certified legal birth certificate. If the applicant was adopted, they need to include the legal adoption documentation.
- If parents are not Siletz tribal members then the applicant must provide state certified birth or death certificate(s) up to the direct ancestor the applicant is claiming eligibility through.
- Social Security Card. If the applicant lives outside of the United States of America, they may submit their Identification card.

If you submit originals, the Enrollment Department will return them to you via US Postal Service. Before submitting the application, make sure it is completely filled out and signed by the applicant or legal representative. Complete the family tree to the best of the applicant's ability. If the applicant has not submitted the required documentation or if the Enrollment staff or the Enrollment Committee request further information to determine eligibility, the applicant will receive written notification and must respond within 30-days of the letter, otherwise the application will be rejected and returned with no further action. The applicant may reapply.

The Enrollment staff will review each complete application and will make a recommendation for approval or rejection of the application to the Enrollment Committee at least 15-days prior to the quarterly meeting held in February, May, August and October. You will receive notice of the Enrollment Staff's recommendation. The Enrollment Committee will then consider the recommendation and evidence and make a recommendation to the Tribal Council, with recommendations posted for 20-days on the members' page of the tribal

website and other appropriate places that will give members notice of the proposed action, allowing tribal members 15-days to protest. After the posting period, the Tribal Council will review for final approval or rejection at their scheduled meetings in March, June, September and November. Notification will be sent to each applicant of the outcome.

Pursuant to Enrollment Ordinance §2.304(e)(5) The Tribal Council will not take any action on an enrollment application, name change, loss of enrollment, or removal from the roll requests between December 1st of each year and the conclusion of election day the following calendar year on the first Saturday of February.

If you need assistance or clarification, you should contact the Enrollment staff as provided on page 1 of this Application for Enrollment with the CTSI packet.

Protection of Privacy Information

The Tribal Operations Manual §2.056 requires that applicants be informed of the purposes and uses to be made of information gathered by the Tribe and the consequences of failing to provide the required information.

The information requested by this form is relevant and necessary to determine eligibility for enrollment in CTSI.

The information will be used to determine whether the applicant is entitled to enrollment as a member of CTSI and for routine enrollment and general tribal business with members (for example, maintenance of mailing list).

Effects of Non-Disclosure: Disclosure of the requested information is voluntary. No penalty will be imposed for failure to respond, but failure to file the application will result in not being enrolled as a Tribal member. Failure to provide sufficient information may result in rejection of the application.



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INFORMATION SHEET

1. Enter the full legal name of the applicant as displayed on the Social Security card.
2. Enter other names used such as Maiden name, previous married names, or alias.
3. Enter Date of Birth and Social Security card number.
4. Enter the complete address where the applicant receives mail.
5. Enter the City, State abbreviation (for example the applicant lives in Oregon write OR) and postal code where the mail is received.
6. Enter the complete address where the applicant resides.
7. Enter the City, State abbreviation, and postal code where the applicant resides.
8. Enter the applicant's telephone number they may be reached during business hours. Telephone (2) may be used for cellular or message phone numbers.
9. 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 then proof of eligibility will need to be presented with the application.
10. Enter the name of the direct ancestor. Siletz blood is defined as that derived from a direct ancestor who was named on any Siletz Tribal Roll or records by the Department of Interior prior to June 13th, 1979. Enter the relationship the applicant has with the direct ancestor (for example Paternal Grandmother) and the direct ancestor's Siletz tribal roll number.
11. Enter the legal name of the applicant's natural birth father. Enter the natural birth father's Siletz Tribal band(s). Enter natural birth father's Siletz Blood Degree. Enter natural birth father's Siletz Tribal roll number.
12. Enter the legal name of the applicant's natural birth mother. Enter the natural birth mother's Siletz Tribal band(s). Enter natural birth mother's Siletz Blood Degree. Enter natural birth mother's Siletz Tribal roll number.
13. If either of the applicant's parents are enrolled in another Tribe select Yes and complete the Declaration of Enrollment form. If neither of the applicant's parents are enrolled in another Tribe select No.
14. If either of the applicant's parents are enrolled in another Tribe enter the name of the Tribe.
15. If the applicant is enrolled in another tribe select Yes otherwise select No.
16. If the applicant was or is an adopted child select Yes otherwise select No.
17. If the applicant is a minor or incompetent then enter 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 addressed to the person completing the application.
18. Signature of the applicant or person completing the application on behalf of the applicant.

APPLICATION FOR ENROLLMENT WITH THE CTSI

Prepared under the provisions of the constitution approved June 13th, 1979, Article I, Section 1

1. Applicant's Name: _____
2. Also Known As (Indian, Maiden, Other): _____
3. Date of Birth: _____ Social Security Number: _____
4. Mailing Address: _____
5. City: _____ State _____ Zip: _____
6. Physical Address: _____
7. City: _____ State _____ Zip: _____
8. Telephone(1): _____ Telephone(2): _____
9. Is applicant a direct lineal descendant of a member of the Siletz Tribe? Yes___ No___
10. Ancestor: To be eligible for enrollment an applicant must prove to be Siletz Blood Degree of at least 1/16. Siletz blood is defined as that derived from an direct ancestor who was named on any Siletz Tribal Member Roll by the Department of Interior prior to June 13th, 1979. DNA testing may be requested.
Name: _____ Relationship: _____ Roll#: _____
11. Applicant's Father: _____
Father's Band: _____ Siletz Blood Degree: _____ Roll#: _____
12. Applicant's Mother: _____
Mother's Band: _____ Siletz Blood Degree: _____ Roll#: _____
13. Is either of the applicant's parents enrolled as a member of another tribe? Yes___ No___
14. If Yes, which parent and with what tribe? _____
(Parent must complete the Declaration of Enrollment on page 7)
15. Is applicant enrollment with another Tribe? Yes___ No___
16. Is applicant an adopted child? Yes___ No___
17. Information of person completing and filing this application if not the Applicant:
Name: _____
Mailing Address: _____
Relationship to Applicant: _____
18. Signature: _____ Date _____

Office use only

Log Control Number: _____ Date Received via Tribal Office: _____

Family Tree

Self

Tribe: _____

Blood Degree: _____ DOB: _____

Mother

Tribe: _____

Blood Degree: _____ DOB: _____

Father

Tribe: _____

Blood Degree: _____ DOB: _____

Maternal Grandfather

Tribe: _____

Blood Degree: _____ DOB: _____

Paternal Grandfather

Tribe: _____

Blood Degree: _____ DOB: _____

Grandfather's Father

Tribe: _____

Blood Degree: _____ DOB: _____

Grandfather's Father

Tribe: _____

Blood Degree: _____ DOB: _____

Grandfather's Mother

Tribe: _____

Blood Degree: _____ DOB: _____

Grandfather's Mother

Tribe: _____

Blood Degree: _____ DOB: _____

Maternal Grandmother

Tribe: _____

Blood Degree: _____ DOB: _____

Paternal Grandmother

Tribe: _____

Blood Degree: _____ DOB: _____

Grandmother's Father

Tribe: _____

Blood Degree: _____ DOB: _____

Grandmother's Father

Tribe: _____

Blood Degree: _____ DOB: _____

Grandmother's Mother

Tribe: _____

Blood Degree: _____ DOB: _____

Grandmother's Mother

Tribe: _____

Blood Degree: _____ DOB: _____

The CTSI is comprised of many tribal bands of indigenous peoples of Western Oregon:

- ▶ Alsea/Yaquina
- ▶ Chasta Costa
- ▶ Chetco (Nultunnatunne, Chetati)
- ▶ Chinook (Clatsop, Kathlamet, Clackamas Bands)
- ▶ Coos (Hanis, Miluk)
- ▶ Coquille (Mishi, Gwut-me-Tunne)
- ▶ Dakubetebe (Applegate, Athabaskan)
- ▶ Joshua (Cheme Tunne)
- ▶ Kalapuya (Santiam, Yamhill, Tualatin, Mary's River)
- ▶ Klickitat
- ▶ Macanotin
- ▶ Mollalla (Northern & Southern)
- ▶ Shasta (Rogue & Klamath River Bands)
- ▶ Siuslaw/Lower Umpqua
- ▶ Sixes River (Quatoma)
- ▶ Takelma (Rogue Band)
- ▶ Tillamook (Nehalem, Nestucca, Siletz Bay, & Salmon River Bands)
- ▶ Tututunne (sometimes Quatoma, Yuki, Maconoton, Chetlesentun & Wisenotin Bands all considered sort of affiliated with Tutu Band)
- ▶ Umpqua (Upper Umpqua Athabaskan, Cow Creek, Grave Creek – main Umpqua Bands)
- ▶ Yuki (sometimes spelled Euchree or Euchre)
- ▶ Tolowa (Smith River & Lake Earl Bands)

The fact you may be from one of the above listed bands does not mean you are eligible for enrollment with the CTSI. CTSI will not deny your application solely because you do not know your family band(s).



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Declaration of Enrollment

I, _____, (Parent's full name), am applying for enrollment with the Confederated Tribes of Siletz Indians (CTSI) for _____, (Child's full name).

I declare that I have not already enrolled my child in any other Tribe. I am not in the process of enrolling, nor will I attempt to enroll, my child in any other Tribe.

I am aware that there are tribal and federal penalties for making any fraudulent statements in this Declaration and application, up to and including fines of not more than \$10,000 and/or imprisonment for not more than 5-years or both.

Signature: _____

Date: _____