

SILETZ TRIBAL OFFICE USE ONLY	
RECEIVED DATE: _____	RECEIVED BY: _____
COMPLETE DATE: _____	POST #: _____



**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

Blood Quantum Correction Request

Please print clearly in blue or black ink

NOTE: This Blood Quantum (BQ) Correction Request will be reviewed and action will only be taken for the person submitting the request and their biological minor children that are currently on the Siletz Tribal Roll. Corrections WILL NOT be made to siblings or adult children, minor/adult grandchildren, etc. of the person submitting the request. **Each adult tribal member within the same family and with the same lineal ancestor must submit their own request.**

A. Eligibility Criteria *Select one of the eligibility requirements that qualifies you for a blood quantum correction*

NOTE FOR CRITERIA 1 AND 2: The Siletz Constitution restricts eligibility for Siletz membership to 1/16th or more Siletz blood quantum. The Siletz Tribal Constitution 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 the Interior prior to [June 13, 1979]." This means that you can claim all Indian blood from a direct ancestor named on one of the appropriate rolls or records. This definition means that all the Indian blood of a person listed on any such roll – both Indian blood derived from the bands and tribes that make up the Confederated Tribes of Siletz Indians, and Indian blood from another federally-recognized tribe – is used to determine "Siletz blood" quantum of a person descended from that ancestor for purposes of determining eligibility for Siletz membership. List all such ancestors and Indian blood you think you are entitled to count. The Enrollment staff and committee will review that information and determine the correct Siletz blood quantum for you and your minor children. The Tribal Council and Enrollment Committee have developed an approved list of federal rolls and records of Siletz tribal members that are used to determine persons whose other Indian blood can be counted as Siletz blood.

- 1. **I am on a Siletz Tribal Membership roll prior to June 13, 1979 and I** have other Indian Blood (*not currently part of my blood quantum calculation*) from another federally recognized tribe or Siletz ancestral band from **my** biological Parent, Grandparents, Great-Grandparents and so on.
- 2. **I am a Siletz Tribal Member not listed on the Siletz Tribal Membership rolls prior to June 13, 1979, however my** Parent or other Ancestor is, therefore I have other Indian Blood (*not currently part of my blood quantum calculation*) from another federally recognized tribe or Siletz ancestral band from **my** biological Parent, Grandparents, Great-Grandparents and so on.
- 3. **Mathematical Error:** There is a mathematical error in the calculation of my current blood quantum as listed on the Tribal Roll.
- 4. **Corrected Birth Certificate:** There has been a change to my birth certificate due to my biological parents that affects the calculation of my blood quantum.

B. Justification: Complete the statement below, BQ is the abbreviation for "Blood Quantum"

Based on my direct lineal ancestor, _____,
 name of Ancestor

I am requesting (mark one) an INCREASE a DECREASE of my blood quantum on the Siletz

Tribal Roll. I (mark one) HAVE DO NOT HAVE minor children on the Siletz Tribal Roll.

My Ancestor had _____ Indian Blood from _____
 BQ Federally Recognized Tribe or Siletz Ancestral Band

which is not currently counted in MY blood quantum calculation on the Siletz Tribal Roll.

I, _____, Roll # _____, am requesting to correct
 name of person submitting request Roll #

MY blood quantum from _____ to _____ on the Siletz Tribal Roll.
 current BQ requested BQ correction

C. Supporting Documentation: You must provide documents (birth certificates, death certificates, other birth/death records) that show your direct biological link to your Ancestor. Documentation of your Ancestor's blood quantum must also be provided. A blood quantum listed on a birth or death record will not be adequate to show blood quantum on its own. Multiple Indian Census records showing the blood quantum will also need to be provided. It is up to the tribal member submitting the request to compete and provide their own research. Label your documents with an exhibit number. Include a Table of Contents with exhibit numbers, source of document and description of why the document supports your request. Contact Enrollment staff if you are in need assistance or have questions in this section.

Certification from federally recognized tribe: _____

Siletz Indian Census record, year(s): _____

Federal record (Judgment Payment Roll, Federal Census, etc.) _____

Other Indian Census record, year(s): _____

Other documentation (not an Indian Census) from the Department of Interior/Bureau of Indian Affairs verifying my direct lineal ancestor who has Indian blood.

Other: _____

D. Minor Children: List any MINOR biological children that you are requesting a Blood Quantum (BQ) Correction.

Child's Name on Siletz Tribal Roll	Roll#	Other Siletz Tribal Member Parent	Request BQ Correction
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

By my signature, I certify that the above information is true and correct to the best of my knowledge. I understand action will only be taken for myself and my MINOR children. Anyone else in my family, (siblings, adult children, minor/adult grandchildren, etc.) must submit their own requests.

X _____
Signature

Date