

PLEASE READ CAREFULLY

ENROLLMENT APPLICATION INFORMATION

Enclosed is an application for enrollment in the Confederated Tribes of Siletz Indians of Oregon. Please be sure that it is filled out completely and returned along with documents required in support of the application to:

Confederated Tribes of Siletz Indians
ATTN: Enrollment
P.O. Box 549
Siletz, OR 97380

Required documents include but are not limited to:

- (1) A copy of a certified legal birth certificate (wallet size "birth certificate cards" cannot be accepted).
- (2) Copies of such other documents as court records, hospital records and church records also may be submitted and may be considered (if a certified copy of birth cannot be obtained).

To be eligible for enrollment, an applicant must prove at least 1/16 Siletz blood degree. Siletz blood is defined as that derived from a direct ancestor who was named on any roll (of Siletz) Tribal members prepared by the Department of the Interior prior to June 13, 1979. The Enrollment staff will review each completed application and accompanying document and will make a recommendation to the Tribal council within 60 days from receipt of each completed application. Recommendation is posted for 15 days in each Area Office and then taken to the Tribal Council for final approval or rejection at their next scheduled meeting.

Be sure to check the application for completeness and sign it before mailing it to the Enrollment Department. Incomplete applications either will be returned or additional information will be requested. In the event the staff feels further information is necessary to make its decision, it shall so inform the applicant by certified mail, with an explanation of what information the staff feels is needed. Please claim this certified letter and provide the information requested in it to the Enrollment staff within 30 days. **On lines seven and eight, please be sure and name which band of the Siletz Tribe you think you are from. (See attached document).** If you need assistance or clarification regarding the form or enrollment procedures, please contact enrollment staff at (503) 444-2532 ext. 258 or toll-free at 1-800-922-1399 or write to the above address.

PROTECTION OF PRIVACY INFORMATION

Public Law 93-579 entitled, "The Privacy Act of 1974", requires that all applicants be informed of the purposes and uses to be made of the information which is solicited. The following is furnished to explain the reason why the information is requested and the general uses to which that information may be put.

AUTHORITY: The Bureau of Indian Affairs is empowered to solicit the information requested in this form under the authority of the Siletz Indians Tribe Restoration Act of November 18, 1977 (95 Stat. 1415).

PURPOSE: The information requested by this form is considered relevant and necessary to determine eligibility for enrollment in the Confederated Tribes of Siletz Indians of Oregon.

USES: The information will be used in identifying individuals entitled to enrollment as members of the Tribes and eligible for benefits the Federal Government provides to Indians because of their status as Indians and other routine uses as described in 40 F.R. 41458, September 5, 1975.

EFFECTS OF NON-DISCLOSURE: Disclosure of the requested information is voluntary. No penalty will be imposed for failure to respond. Failure to file the application will result in not being enrolled under this Act. Failure to provide sufficient information may result in rejection of the application. The beneficial effect of providing the information may result in possible enrollment in the Confederated Tribes of Siletz Indians of Oregon.

APPLICATION FOR ENROLLMENT WITH THE
CONFEDERATED TRIBES OF SILETZ INDIANS OF OREGON
PREPARED UNDER THE PROVISIONS OF THE CONSTITUTION APPROVED
JUNE 13, 1979, ARTICLE I, SECTION 1

Applications must be filed with the Confederated Tribes of Siletz Indians, ATTENTION: ENROLLMENT, P.O. Box 549, Siletz, OR 97380.

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

1. Applicant's Name _____ Date of Birth _____
 2. Name by which known _____ (Indian, Maiden, Other)
 3. c/o _____ Social Security Number*: _____
 4. Address _____
 5. City _____ State _____ Zip Code _____ Phone _____
- * Attach a copy or the original Social Security Card. (Originals will be returned)
-

6. ELIGIBILITY: Applicant must possess one-sixteenth (1/16) or more degree Siletz blood quantum derived from a direct ancestor who is named on any roll or record of Siletz tribal members prepared prior to June 13, 1979 Ancestor on roll through whom enrollment rights are claimed:

Name _____ Relationship _____ Roll No. _____

7. Applicant's Father _____

Name of Father's Tribe/Band _____ Siletz Blood Degree ____ Roll No. _____

Applicant's Mother _____

Name of Mother's Tribe/Band _____ Siletz Blood Degree ____ Roll No. _____

8. Is either of your parents enrolled as a member of another tribe: ____ Yes ____ No

If yes, which parent and with what tribe? _____

Is applicant an adopted child? ____ Yes ____ No

Is applicant enrolled with another tribe? ____ Yes ____ No

Is applicant a direct lineal descendant of a member of the tribe? ____ Yes ____ No

NOTE: PENALTY FOR FRADULENT STATEMENTS. THE PERSON COMPLETING THIS FORM IS SUBJECT TO A FINE OF NOT MORE THAN \$10,000; IMPRISONMENT FOR NOT MORE THAN FIVE (5) YEARS, OR BOTH, IF THE STATEMENT IS KNOWINGLY DECEITFUL. (SEE SEC. 1001, TITLE 18, U.S.C.)

9. DATE _____ Signature of Applicant or Sponsor _____
-

10. If Application is filed on behalf of another person, PLEASE FILL OUT BELOW:

Name of person filing application _____

Address _____

Relationship to Applicant _____

11. Fill out Family Tree attached to this form to the best of your ability. Attach a copy of full certified birth certificate showing enrolled parent's name or other document showing parents/ ancestors name through whom eligibility is claimed.