

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 requester 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 requester. **Each adult tribal member within the same family and with the same lineal ancestor must submit their own request.** Enrollment Staff may complete this form on behalf of a deceased Tribal member who is referenced as the requester.

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 the requester 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 the requester thinks is entitled to count. The Enrollment staff and committee will review that information and determine the correct Siletz blood quantum for the requester and requester's 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. **Requester is on a Siletz Tribal Membership roll prior to June 13, 1979 and has other Indian Blood (not currently part of the requestor's blood quantum calculation) from another federally recognized tribe or Siletz ancestral band from **requester's** biological Parent, Grandparents, Great-Grandparents and so on.**
- 2. **Requester is a Siletz Tribal Member not listed on the Siletz Tribal Membership rolls prior to June 13, 1979, however requester's Parent or other Ancestor is, therefore requester has other Indian Blood (not currently part of the requester's blood quantum calculation) from another federally recognized tribe or Siletz ancestral band from **requester's** 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 direct lineal ancestor, _____
name of Ancestor

I am requesting (mark one) an INCREASE a DECREASE of blood quantum on the Siletz Tribal Roll. This request (mark one) Includes Does not include minor children on the Siletz Tribal Roll.

Direct Ancestor has _____ Indian Blood from _____
BQ *Federally Recognized Tribe or Siletz Ancestral Band*

which is not currently counted in the blood quantum calculation on the Siletz Tribal Roll. This is a request to correct the Blood Quantum for

_____, Roll # _____
name of person to whom the change will apply *Roll #*

from _____ To _____ on the Siletz Tribal Roll.
current BQ *requested BQ correction*

C. Supporting Documentation: Requester must provide documents (birth certificates, death certificates, other birth/death records) that show their direct biological link to their Ancestor. Documentation of the Ancestor's blood quantum must also be provided. If Requester is using a blood quantum listed on a birth or death record then the requester will need to provide multiple Indian Census records showing the blood quantum. It is up to the requester to complete and provide their own research. Contact Enrollment staff for assistance or questions in this section. List the supporting documentation below:

D. Minor Children: List any MINOR biological children for whom the requester is 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 the requester and the requester's MINOR children. Anyone else in the requestor's family, (siblings, adult children, minor/adult grandchildren, etc.) must submit their own requests.

X _____ Date
 Signature

I, Enrollment Staff, completed this form on behalf of a deceased Tribal member. By signing below I am certifying this information is accurate.

X _____ Date
 CTSI Enrollment Staff