Quinault Indian Nation – Enrollment Application
PO Box 189 1214 Aalis Bldg "C" Taholah, WA 98587 (360) 276-8215 ext. 219

Instruction Sheet

A separate application must be made by or on behalf of each applicant. The burden of proof is at all times the responsibility of the individual applying for enrollment.

If applicant is a member of a federally recognized Indian Tribe, it will be necessary to submit a completed relinquishment form from the other Tribe before consideration can be given for Quinault Enrollment.

Proof of birth must be established, please submit **Certified original Birth Certificate from Vital Records**. The original will be returned to you. An Unamended Birth Certificate is required if applicant has been Legally Adopted.

Proof of parentage must be established through genetic testing. The Enrollment Officer will provide acceptable testing locations and information on potential costs.

Fill out family tree to the best of your ability. If you don't know, leave blank. If possible give full names, and please use maiden names.

Completed application must be signed in the presence of a NOTARY.

Applications will not be accepted until all documents on application checklist have been completed and submitted including Genetic testing results.

For more information contact: Hannah Curley, Enrollment Administrator at 1-360-276-8215, x7219 or hannah.curley@quinault.org.

"Please keep this sheet for future reference"

Anyone found to have submitted fraudulent information will not be enrolled and/or automatically dis-enrolled according to the QIN Constitution.

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OFFICIAL USE ONLY
Application No._____ Received on___/___/____ Received By_____

Name: _____
First Middle Last

Birth Name: _____ **Other Names:** _____
(Previous married name, alias etc.)

Address: _____
Mailing City State Zip

Address: _____
Physical City State Zip

Home Phone: _____ **Work:** _____ **Cell:** _____

Gender: _____ **Date of Birth:** ____/____/_____ **Place of Birth:** _____

This application will not be accepted until all documents below have been submitted including Genetic testing results.

- ☐ A Certified Original Birth Certificate from Vital Records
- ☐ Un-Amended Birth Certificate is required if applicant has been Legally Adopted.
- ☐ Official Court Ordered Adoption Decree
- ☐ Documents showing court-appointed guardianship
- ☐ Family Tree Diagram
- ☐ Proof of Relinquishment Request form (if applicable)
- ☐ Valid photo ID
- ☐ Current CIB if enrolled
- ☐ Genetic Testing Results older than 60-days will not be accepted.

Is Applicant a Legally Adopted Child? ☐ **Y** ☐ **N**

Is Applicant a member of another tribe, band, etc. (*either federally recognized or non-federally recognized*)? *If Yes, relinquishment documents will be required.*

Y ☐ **N** ☐ **Tribe or band:** _____ **Roll #** _____

Is Applicant applying for enrollment or adoption in another tribe, band, etc. (*either federally recognized or non-federally recognized*)?

Y ☐ **N** ☐ **Tribe or band:** _____

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Family Tree for Quinault Tribal Enrollment

* Please Use Maiden Name
Note: Whenever Possible Indicate Married or Other Names

Family Diagram

Applicant

Name

Blood Degree | Tribe

Date of Birth

Brothers and Sisters | QIN Roll Number

Father

Name

Blood Degree | Tribe

Born

Roll Number

Mother

Name

Blood Degree | Tribe

Born

Roll Number

Grandfather

Name

Blood Degree | Tribe

Born

Roll Number

Grandmother

Name

Blood Degree | Tribe

Born

Roll Number

Grandfather

Name

Blood Degree | Tribe

Born

Roll Number

Grandmother

Name

Blood Degree | Tribe

Born

Roll Number

Great Grandfather

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Blood Degree | Tribe

Great Grandmother

Name

Blood Degree | Tribe

Great Grandfather

Name

Blood Degree | Tribe

Great Grandmother

Name

Blood Degree | Tribe

Great Grandfather

Name

Blood Degree | Tribe

Great Grandmother

Name

Blood Degree | Tribe

Great Grandfather

Name

Blood Degree | Tribe

Great Grandmother

Name

Blood Degree | Tribe

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RELEASE OF INFORMATION FORM

I_____, the undersigned, hereby authorize the Quinault Indian Nation Enrollment Department to contact and obtain any necessary verifications associated with Enrollment from any Indian Tribe.

Tribe(s) Associated with:_____
(If more than one tribe, please list all)

Address: _____

Telephone ( ) _____ - _____ Fax ( ) _____ - _____

Applicant Information:

Name (First Middle Last):_____

Address:_____

Telephone ( ) _____ - _____ Birthdate _____/_____/_____

Parent Names: _____

Requested Information or Documents:

- ☐ Verification of Membership
- ☐ Family Tree
- ☐ Blood Degree
- ☐ Birth Certificate
- ☐ Other (Please explain in detail): _____

By my signature below, I consent to the release of the above listed information/documents to the Quinault Indian Nation Enrollment Department. NOTE: I understand that this release is valid for as long as I am seeking enrollment or I am a Quinault Tribal Member.

Legal Guardian of: _____

Printed Name of Applicant:_____

Signature of Applicant or Parent/Guardian:_____Date: _____/_____/_____

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_____ _____

Signature of Applicant (or Parent if *Applicant is a minor 17 years or younger)* **Date**

_____ _____

Signature of Second Parent (Optional) **Date**

_____ _____

Court-Appointed Guardian *(Signature)* **Phone No.** **Date**

STATE OF _____)
) ss.
County of _____)

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this _____ day of _____, 20___.

_____

NOTARY PUBLIC for _____ State

My appointment expires _____

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