

Washoe Tribe of Nevada and California



APPLICATION FOR ENROLLMENT WASHOE TRIBE OF NEVADA AND CALIFORNIA

PLEASE INCLUDE THE FOLLOWING INFORMATION WITH YOUR ENROLLMENT APPLICATION

1. Copy of the State Certified Birth Certificate with biological parent's name on it.
(We will **not** accept Birth Certificate Cards, Hospital Cards, etc.)
2. Copy of applicant's Social Security Card.
3. If one of the parents are from another reservation, or enrolled in another federally recognized Indian tribe, please provide the respective parent's "Certificate of Indian Blood" from that tribal enrollment department. Per *Article III, Section 1(d)(2), Washoe Tribal Enrollment Ordinance*.
4. If one of the applicant's biological parents are from another reservation, or enrolled in another federally recognized Indian tribe, please provide a letter from that Enrollment Office stating that the Applicant is not enrolled with that Tribe nor does he/she have an application on file (dual enrollment check). Per *Washoe Tribal Constitution Article II, Section V; Washoe Tribal Enrollment Ordinance Article II, Section 2*.

It is the applicant's (or designated appointee applying for applicant) responsibility to get these papers; NOT the Washoe Tribal Enrollment Office. Per *Washoe Tribal Enrollment Ordinance; Article III, Section 3.*

DATE RECEIVED: _____

APPLICATION NO. _____

Please complete all questions below. If the answer is unknown or not applicable, write UNK or N/A. Any unanswered questions will result in a rejection of the application. Attach a copy (not original) of the birth certificate and social security number of the applicant with application. Failure to attach the copies will also result in a rejection of the application.

Part I: APPLICANT INFORMATION ONLY (Minor or Adult Applicant)

NAME (Last, First, and Middle Initial):

MAILING ADDRESS WITH ZIP CODE:

TELEPHONE NUMBER:

BIRTH DATE:

CITY / STATE WHERE BORN:

IS APPLICANT A MINOR?

YES NO

IF SO, LIST NAME OF PERSON APPLYING ON MINOR'S BEHALF:

SEX:

MALE OR FEMALE

SOCIAL SECURITY NUMBER:

IS APPLICANT ADOPTED?

YES NO

DEGREE OF YOUR WASHOE BLOOD (IF NOT APPLICABLE, YOU MAY WRITE 'UNKNOWN'):

STATE WHETHER YOU LIVE ON OR OFF RESERVATION:

ON-RESERVATION

• RESERVATION YOU LIVE ON: _____

OFF-RESERVATION

PART II: MOTHER INFORMATION ONLY

NAME - LAST, FIRST, MIDDLE INITIAL AND MAIDEN NAME:

MAILING ADDRESS WITH ZIP CODE:

TELEPHONE NUMBER:

BIRTH DATE:		BIRTHPLACE:	
TRIBE WHERE ENROLLED:		DEGREE OF WASHOE BLOOD:	
ENROLLMENT NUMBER:			
<u>MOTHER'S FATHER:</u>		PLEASE LIST OTHER INDIAN BLOOD	
MEMBER OF A FEDERALLY RECOGNIZED TRIBE?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
IF SO, WHAT TRIBE?			
<u>MOTHER'S MOTHER:</u>		PLEASE LIST OTHER INDIAN BLOOD	
MEMBER OF A FEDERALLY RECOGNIZED TRIBE?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
IF SO, WHAT TRIBE?			
PART III: FATHER'S INFORMATION ONLY			
NAME - LAST, FIRST, MIDDLE INITIAL:			
MAILING ADDRESS WITH ZIP CODE:		TELEPHONE NUMBER:	
BIRTHDATE:		BIRTHPLACE:	
TRIBE WHERE ENROLLED:		DEGREE OF WASHOE BLOOD:	
ENROLLMENT NUMBER:			

<p><u>FATHER'S FATHER:</u></p> <p>MEMBER OF A FEDERALLY RECOGNIZED TRIBE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF SO, WHAT TRIBE?</p>	<p>PLEASE LIST OTHER INDIAN BLOOD:</p>
<p><u>FATHER'S MOTHER:</u></p> <p>MEMBER OF A FEDERALLY RECOGNIZED TRIBE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF SO, WHAT TRIBE?</p>	<p>PLEASE LIST OTHER INDIAN BLOOD:</p>

Additional Questions that must be answered:

1. Is the Applicant an Enrolled Member of Another Tribe? Yes No

2. Has the Applicant Ever Been Denied Enrollment Previously by Washoe Tribe? Yes No

3. Is the Applicant Adopted by the Mother? Yes No

4. Is the Applicant Adopted by the Father? Yes No

AFFIDAVIT: I solemnly swear that the foregoing statements made by me are true to the best of my knowledge and belief. I further give my written authorization and consent to the Washoe Tribe and its agents to release information for verifying enrollment and for the specific purpose of processing this application. I further authorize information to be released to Tribal Programs in the event that Applicant is in need of services and verification of enrollment is required.

X	X
Applicant Signature (also for Parent-Guardian-Sponsor if Applicant is a Minor)	Date

FOR OFFICE USE ONLY

BIRTH CERTIFICATE INCLUDED?

DUAL ENROLLMENT CHECK?

SOCIAL SECURITY CARD?

BLOOD DEGREE:

TRIBAL CERTIFICATION: I certify that the foregoing Application was APPROVED____ or
REJECTED____ at a Washoe Tribal Council Meeting held on _____,
Resolution No. _____, and/or with Enrollment Number Assigned: _____.

SECRETARY-TREASURER/ENROLLMENT OFFICER: _____

Please complete as much information as you can. If you don't know, write "unknown" in the appropriate boxes. This information is required for determining Degree of Washoe Blood

Applicant's Father's Name

Father's Name: _____
 Date of Birth: _____ Roll # _____
 Tribe: _____
 Degree of Washoe Blood: _____

Grandfather's Name: _____
 Date of Birth: _____ Roll # _____
 Tribe: _____
 Degree of Washoe Blood: _____

Grandmother's Maiden Name: _____
 Date of Birth: _____ Roll # _____
 Tribe: _____
 Degree of Washoe Blood: _____

Great Grandfather's Name: _____
 Date of Birth: _____ Roll # _____
 Tribe: _____
 Degree of Washoe Blood: _____
 Great Grandmother's Maiden Name: _____
 Date of Birth: _____ Roll # _____
 Tribe: _____
 Degree of Washoe Blood: _____
 Great Grandfather's Name: _____
 Date of Birth: _____ Roll # _____
 Tribe: _____
 Degree of Washoe Blood: _____

DESCENDANCY CHART

Applicant's Mother's Name

Mother's Maiden Name: _____
 Date of Birth: _____ Roll # _____
 Tribe: _____
 Degree of Washoe Blood: _____

Grandfather's Name: _____
 Date of Birth: _____ Roll # _____
 Tribe: _____
 Degree of Washoe Blood: _____

Grandmother's Maiden Name: _____
 Date of Birth: _____ Roll # _____
 Tribe: _____
 Degree of Washoe Blood: _____

Great Grandfather's Name: _____
 Date of Birth: _____ Roll # _____
 Tribe: _____
 Degree of Washoe Blood: _____
 Great Grandmother's Maiden Name: _____
 Date of Birth: _____ Roll # _____
 Tribe: _____
 Degree of Washoe Blood: _____
 Great Grandfather's Name: _____
 Date of Birth: _____ Roll # _____
 Tribe: _____
 Degree of Washoe Blood: _____

Certified by: _____

Enrollment Officer/Secretary/Treasurer _____

Date _____



Washoe Tribe of Nevada and California

Authorization for Release of Information

The Constitution and Enrollment Code governing enrollment and membership in the Washoe Tribe of Nevada and California prohibits the dual enrollment of its members. As part of the enrollment procedures, the Washoe Tribe will contact other tribes to prevent such dual enrollment. Further, you authorize the Washoe Tribe to obtain legal documents for you to support your family tree information. Your signature on this form allows the Washoe Tribe to request information specific to you only for the purpose of supporting your enrollment application.

I, _____ voluntarily authorize disclosure of any enrollment / membership records for the use of the Washoe Tribe of Nevada and California for their enrollment / membership procedures. I further authorize disclosure of legal documents pertaining to my family members to support my family tree information.

First Name _____ Middle Name _____

Last Name _____ Date of Birth _____

Other Names Used / Tribes/Documents which might be found that are needed to support my enrollment application: _____

Telephone Number: _____ Mailing Address: _____
_____ [city, state, and zip code]

Signature: _____ Date: _____

If applying for another person, please fill out the information below.

Specify basis of authority to sign as: <input type="checkbox"/> Parent of Minor Child <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____ Personal Representative of: _____ Signature: _____ Date: _____

Washoe Tribe of Nevada and California



Checklist for Application for Enrollment

Please ensure all items below are completed with your application.

- Completed Enrollment Application
- Family Tree completed to at least third generation (Grandparents)
- Copy of State Certified Birth Certificate with biological parent's names listed
- Copy of applicant's Social Security Card
- Certificate of Indian Blood from parent if one parent is enrolled in another tribe
- Letter from parent's other tribe's Enrollment Office stating applicant is not enrolled with another tribe nor have an application on file
- Authorization for Release of Information
- Any relevant documents showing applicant's / ancestor's Washoe Blood Quantum

This checklist is for the applicant's information, and does not need to be turned into the Enrollment Office.