



RESIGHINI RANCHERIA

RESIGHINI RANCHERIA APPLICATION FOR ENROLLMENT

1. Applicant's FULL LEGAL Name as it appears on Social Security Card:

FIRST	MIDDLE	LAST	SUFFIX (SR., JR., III)
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2. Other Names Also Known As/Alias (Maiden, Indian, Other): _____

3. Gender: Female Male

4. Date of Birth: _____ Social Security Number: _____

5. Mailing Address: _____

City: _____ State: _____ Zip: _____

6. Physical Address: _____

City: _____ State: _____ Zip: _____

7. Telephone: _____ Email: _____

8. Tribal Affiliation(s): _____

9. Degree of Indian Blood: _____

10. Direct Lineal Descendant Claim: To be eligible for enrollment an Applicant must prove to have a minimum of 1/8th degree Indian blood. The Tribe defines "Indian blood" as the fraction of blood derived from those tribe(s) of the persons listed on the "Notice of Revocation of Plan for Distribution of Assets and of Continuance of Federal Trust Relationship" ("Notice") on behalf of the Coast Indian Community (Resighini Rancheria), as published in the Federal Register, Vol. 37, No 97, on May 19, 1972. DNA testing to affirm parentage, may be required.

Is the Applicant a direct lineal descendant of an individual appearing on the Notice above? No Yes

11. If so, please identify the individual appearing on the Notice above that you are claiming lineal descendency and the Applicant's relationship to that individual:

Name: _____ Relationship: _____



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12. **Adoption Claim:** An Applicant may also request enrollment through Adoption. For this, an Applicant must prove to have a minimum of 1/8th degree Indian blood, meet other requirements identified in the Adoption Ordinance, and be voted in by the General Council.

Is the Applicant submitting this form, seeking enrollment through Adoption? No Yes

13. **Applicant's Biological Mother:**

FIRST	MIDDLE	LAST	SUFFIX (SR., JR., III)
TRIBE(S)	BLOOD QUANTUM	ROLL #	

14. **Applicant's Biological Father:**

FIRST	MIDDLE	LAST	SUFFIX (SR., JR., III)
TRIBE(S)	BLOOD QUANTUM	ROLL #	

Note: DNA Testing will be required if using biological father's blood quantum to qualify for enrollment. See DNA Addendum, attached hereto.

15. **Are either of the Applicant's parents an enrolled member of another tribe?** No Yes

If yes, which parent(s) and with what Tribe?: _____

16. **Is the Applicant enrolled with another Tribe?** No Yes

If yes, which tribe? _____ Roll #: _____

17. **Is the Applicant a Veteran?** No Yes If Yes, please send copies of DD-214 and service photos.

18. **If being submitted on behalf of a minor or adult under guardianship, provide the information for the person completing and submitting this Application:**

Name (First, Middle, Last): _____
Mailing Address: _____
Relationship to Applicant: _____

DOCUMENT IS REQUIRED TO BE COMPLETED IN FULL



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SUPPORTING DOCUMENTS REQUIRED WITH APPLICATION FOR ENROLLMENT

Documentation	Status of Requirement	Check when Completed
Original Certificate of Live Birth	required; copy will be made by Tribe and original returned	
Family Tree Chart	required; form provided	
Release of Information for DNA testing	required if claiming Indian blood from father; form provided	
Confirmation of Paternity from Tribally-approved DNA testing site	required if claiming Indian blood from father	
Notarized Affidavit of Maternity	required if claiming Indian blood from mother and mother's signature is not on Original Certificate of Live Birth; form provided	
Social Security Card	required; copy will be made by Tribe and original returned	
Release of Information for Certificate Degree of Indian Blood from BIA	required; form attached	
Petition for Enrollment	required if requesting eligibility through adoption (Section 1(c) of Constitution); obtain form from Tribe	
Notarized or legal proof of custody/legal guardianship	required for minors or adults that have legal guardians/custodians	

Note: Penalty for fraudulent statements or false documents. The individual completing this Application may be subject to Tribal and Federal sanctions, including fines and/or imprisonment.

19. Signature: _____

20. Signed by: Applicant Legal Guardian of Minor Legal Guardian of Adult

RESIGHINI RANCHERIA OFFICE USE ONLY		
Rec'd Date: _____	Date(s) Reviewed by Enrollment Committee: _____	
Completed Date: _____	Roll #: _____	Denied: _____



RESIGHINI RANCHERIA

INSTRUCTIONS

1. Enter the full LEGAL name of the Applicant as it appears on their Social Security card.
2. Enter any other names by which the Applicant may go by or has gone by in the past, such as Indian name, maiden name, previous married names, or alias.
3. Enter the Applicant's gender.
4. Enter Date of Birth and Social Security Number.
5. Enter the complete MAILING street address/PO Box where the Applicant receives mail including the City, State and postal code.
6. Enter the complete RESIDENTIAL address where the Applicant resides including the City, State, and postal code.
7. Enter the Applicant's telephone number they may be reached during business hours. If available, enter the Applicant's cellphone number and email address.
8. Enter the Applicant's tribal affiliation/tribal groups from which the Applicant is a descendent (e.g. Yurok, Hoopa, Karuk, Tolowa, etc.).
9. Enter the Applicant's total degree of Indian Blood.
10. If the Applicant is a direct lineal descendant of a member on the "Notice of Revocation of Plan for Distribution of Assets and of Continuance of Federal Trust Relationship" ("Notice") on behalf of the Coast Indian Community (Resighini Rancheria), as published in the Federal Register, Vol. 37, No 97, on May 19, 1972", then select "yes" otherwise select "no."
11. If "yes", enter the name of the direct lineal Ancestor the Applicant is claiming their Resighini Rancheria descendancy. Enter the name of the ancestor and the family relationship the Applicant has to the ancestor.
12. If the Applicant is submitting this form, seeking enrollment through adoption, per the Adoption Ordinance, select "yes" otherwise select "no."
13. Enter the legal name of the Applicant's biological mother, tribe(s) the mother claims Indian blood from, her Indian blood quantum, and her roll number, if known.
14. Enter the legal name of the Applicant's biological father, tribe(s) the father claims Indian blood from, his Indian blood quantum, and his roll number, if known.
15. If one or both of the Applicant's parents are enrolled in another Tribe select "Yes". If neither of the Applicant's parents are enrolled in another Tribe select "No". If you answered "Yes", enter the name of the tribe(s) the parent(s) belong to.
16. If the Applicant is an enrolled member in another Tribe select "Yes" otherwise select "No".
17. If the Applicant is a Veteran, select "yes" otherwise select "no." If yes, please provide copies of DD-214 and service photos.
18. If the Applicant is a minor or an adult under a legal guardianship, list the name of the person who is completing the Application on behalf of the Applicant. Enter the mailing address with city, state abbreviation, and postal code. Enter the relationship between the Applicant and the person completing the Application. For example; mother, father, Power of Attorney, guardian, and/or caseworker. The Letter of Receipt will be mailed to the person completing the Application.
19. **Signature Required** of the Applicant or person completing the application on behalf of the Applicant.
20. Mark which person signed the Application; Applicant, Legal Guardian of Minor or Legal Guardian of Adult.



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DNA ADDENDUM

Scheduling of DNA Testing is done directly with DNA Diagnostics Center (“DDC”). DDC has a nation-wide network of testing locations, and can help you select a location closest to you. To schedule a test call, toll free:
1-800-319-9099.

Results of the test will be mailed directly to you as well as to the Resighini Rancheria. Turnaround Time from the date that your sample is received by DDC is approximately two days.

Cost for testing is set a **\$395** and is paid directly to DNA Diagnostics Center. Payment options include Visa, Mastercard, Discovery, Western Union, Money Order, Certified or Personal Check made payable to DNA Diagnostics Center.