NOTE ON BIRTH CERTIFICATES

You must submit a county or state certified copy of the birth certificate for the applicant.

When you make your request to the county or state for a certified copy of a birth certificate, please state that you DO NOT want an abstract copy. Some counties will issue an abstract copy (computer generated) automatically. We DO NOT accept abstract copies. We require a certificate that shows a parent’s signature. Please send the original. We will make a copy and return it to you.

PROOF OF PATERNITY/MATERNITY

Original County or State Certified Birth Certificate: Signed by biological Parents
Biological Parents were married at time of birth: Marriage Certificate
Court Order stating who biological parents are: Court records/Child Support
Paternity/Maternity Statement: Notarized Statement by Father/Mother
DNA Test: Test Results for Father and/or Mother

YOUR APPLICATION CANNOT BE PROCESSED WITHOUT ALL THE NECESSARY INFORMATION OR DOCUMENTATION:

☐ Did I fill out the Enrollment application completely?
☐ Did I fill out the Extraordinary Circumstances section (If no parent enrolled in Yurok Tribe)
☐ Did I fill out the attached Family Tree Chart?
☐ Did the applicant (If 18 years of age), parent or legal guardian, sign the application?

I have enclosed all necessary documents?
☐ Birth Certificate ☐ Marriage Certificate ☐ Notarized Statements
☐ Court Records ☐ Guardianship ☐ DNA Results

Yurok Enrollment Criteria

☐ 1/8 Degree Indian Blood? ☐ Extraordinary Circumstances (no parent enrolled)?
☐ Biological Parent on the Roll? ☐ Lineal Descendant?

Limitations on Membership

☐ Enrolled with another Tribe?
☐ Lineal Descendant of a present or former member of other Tribe?
☐ Less than 1/8 Indian Blood
☐ Took the Lump Sum Buy-out from the Hoopa-Yurok Settlement Act
YUROK TRIBE
APPLICATION FOR ENROLLMENT

ENROLLMENT OFFICE  PO Box 1027 / 190 Klamath Blvd, Klamath, CA 95548    (707) 482-1372

Name of Applicant: ____________________________
Last                                                                 First                                                                 Middle

Maiden or Other Names You Are Known By: ____________________________

Current Mailing Address: ____________________________________________
Mailing Address __________________________________________________
City ____________________________________________________________
State __________________________________________________________
Zip Code ________________________________________________________

Current Residence Address: _________________________________________
Residence Address ________________________________________________
City ____________________________________________________________
State __________________________________________________________
Zip Code ________________________________________________________

Current Phone Number:(____) ________________________ Alternate Phone Number:(____) ________________________

Sex: M / F

Social Security #: ____________________________

Email Address: _________________________________________________

Date of Birth: ____________________________ Place of Birth: ____________________________

Is/Was the Applicant Adopted? Yes / No    If Yes, Place of Adoption? ____________________________

Did The Applicant Apply For The Hoopa/Yurok Settlement Act? Yes / No

If Yes, What Name Did The Applicant Apply Under? ____________________________

If you do not have a parent on the roll and are applying for membership under extraordinary circumstances, please indicate the ancestor through whom enrollment rights are claimed.

Name: ____________________________ Allotment #: ____________________________

Relationship To The Applicant: ____________________________

Applicant's Total Indian Blood Degree Claimed: ____________________________

Tribe________________________________ Degree________________________ Tribe________________________________ Degree________________________

Tribe________________________________ Degree________________________ Tribe________________________________ Degree________________________

Is The Applicant An Enrolled Member of Another Tribe? Yes / No

If Yes, What Tribe, Band or Rancheria? ____________________________

Pursuant to the Constitution of the Yurok Tribe, to become and remain a member in the Yurok Tribe, and to exercise all the rights and benefits thereof, it is necessary that you file with the Yurok Tribal Council written confirmation from the Tribe you are enrolled with that you have relinquished your membership in such other Federally Recognized Indian Tribe.

Is/Was Any Parent/Ancestor Enrolled With Another Tribe? Yes / No

If Yes, List Their Name(s), Relationship, What Tribe, Band or Rancheria? ____________________________

REVISED 3/08
### APPLICANT'S PARENT AND GUARDIAN INFORMATION

**Mother's Name:**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

**Maiden or Other Names By Which Known:**

**Current Mailing Address:**

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**Current Residence Address:**

<table>
<thead>
<tr>
<th>Residence Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**Current Phone Number:** (___)

**Alternate Phone Number:** (___)

**Date of Birth:**

**Place of Birth:**

**Date of Death:**

**Place of Death:**

**Is Applicant's Mother An Enrolled Yurok Tribal Member?**  Yes / No

**Father's Name:**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

**Other Names By Which Known:**

**Current Mailing Address:**

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**Current Residence Address:**

<table>
<thead>
<tr>
<th>Residence Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**Current Phone Number:** (___)

**Alternate Phone Number:** (___)

**Date of Birth:**

**Place of Birth:**

**Date of Death:**

**Place of Death:**

**Is Applicant's Father An Enrolled Yurok Tribal Member?**  Yes / No

**Guardian's Name:**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

**Current Mailing Address:**

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**Current Residence Address:**

<table>
<thead>
<tr>
<th>Residence Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**Date Appointed As Guardian:**

**Current Phone Number:** (___)

**Name of Court:**

<table>
<thead>
<tr>
<th>City</th>
<th>County</th>
<th>State</th>
</tr>
</thead>
</table>

---

All birth certificates and court orders must be original certified copies from the county or state issuing the document. No abstract or photocopies will be accepted. Maternity/Paternity statements may be required.

I swear, under penalty of perjury, that the information contained in this application and accompanying documents are true and correct to the best of my knowledge and belief. I also swear that I have supplied all relevant data that is intended to be submitted to the Yurok Tribe on the issue of enrollment.

---

**Signature of Applicant/Parent/Guardian**

Applicants 18 years of age or older must sign application.

(An application for an applicant under the age of 18 must be signed by a parent or guardian.)

---

Date