

REDWOOD VALLEY LITTLE RIVER BAND OF POMO INDIANS

ENROLLMENT APPLICATION

CHECKLIST

In order to expedite your application and ensure there are no delays, please take a moment and review that you have correctly and fully completed all required forms and attached any required verification types. Before you turn in your Enrollment Application, here are a few things to review:

_____ Application for Enrollment completed and signed by Applicant, Parent or Legal Guardian.

_____ Family History form completed to the best of your ability and attached to the application.

_____ Certified Birth Certificate (Original)
Please be advised, as of June 2009, Hospital Birth Certificates will **NO LONGER** be accepted.

_____ If you are the Legal Guardian of the minor who is applying for Membership, you must also attach a copy of your Proof of Legal Guardianship/Custody Document(s).

Thank you for taking the time to ensure that your application for Enrollment is complete. Please provide a telephone number and or email in the event we need to request additional information: _____

You will be contacted of the decision by mail.

Application for Enrollment

Date received: _____

By: _____

Applicant full name: _____
First Middle Last suffix

All other names known by: _____

Mailing Address: _____

_____ City State Zip
Date of Birth Place of Birth/State

ANCESTOR ON BASE ROLL THROUGH WHOM ENROLLMENT RIGHTS ARE CLAIMED:

Full Name: _____

Date of Birth Roll No: Relationship:

*Is either of your parents enrolled as a member of another Tribe? YES NO
If YES: which Parent and with what TRIBE?: _____
*Is applicant an adopted child? YES NO
*Is applicant enrolled with another TRIBE? YES NO
*Is applicant a direct lineal descendent of a Member of the
Redwood Valley Rancheria Tribe? YES NO

MUST BE PRESENTED WITH A CERTIFIED BIRTH CERTIFICATE (ORIGINAL)

DATE SIGNED

Signature of Applicant/Parent or Legal Guardian

DO NOT WRITE BELOW THIS LINE

Recommendation of the Enrollment Committee:

Approval: Reference Resolution#: _____ Date approved on: _____

Rejected: Reason(s) for Rejection: _____

Date

Signature of Enrollment Committee Chairperson

Redwood Valley Rancheria Tribal Enrollment Family History

Provide the following in as much detail as possible:

- DOB = Date of Birth
- DOD = Date of Death
- POB = Place of Birth
- POD = Place of Death

Applicant

Name: _____
 DOB: _____
 POB: _____
 Native American no yes
 Tribe: _____
 Enrollment #: _____
 Adult Child
 Male Female Other

Biological Mother

Name: _____
 DOB: _____
 POB: _____
 Native American no yes
 Tribe: _____
 Enrollment #: _____
 Deceased no yes
 DOD: _____
 POD: _____

Biological Father

Name: _____
 DOB: _____
 POB: _____
 Native American no yes
 Tribe: _____
 Enrollment #: _____
 Deceased no yes
 DOD: _____
 POD: _____

Maternal Grandfather

Name: _____
 DOB: _____
 POB: _____
 Native American no yes
 Tribe: _____
 Enrollment #: _____
 Deceased no yes
 DOD: _____
 POD: _____

Maternal Grandmother

Name: _____
 DOB: _____
 POB: _____
 Native American no yes
 Tribe: _____
 Enrollment #: _____
 Deceased no yes
 DOD: _____
 POD: _____

Paternal Grandfather

Name: _____
 DOB: _____
 POB: _____
 Native American no yes
 Tribe: _____
 Enrollment #: _____
 Deceased no yes
 DOD: _____
 POD: _____

Paternal Grandmother

Name: _____
 DOB: _____
 POB: _____
 Native American no yes
 Tribe: _____
 Enrollment #: _____
 Deceased no yes
 DOD: _____
 POD: _____

Maternal Great Grandfather

Name: _____
 DOB: _____
 POB: _____
 Native American no yes
 Tribe: _____
Maternal Great Grandmother
 Name: _____
 DOB: _____
 POB: _____
 Native American no yes
 Tribe: _____

Maternal Great Grandmother

Name: _____
 DOB: _____
 POB: _____
 Native American no yes
 Tribe: _____
Paternal Great Grandfather
 Name: _____
 DOB: _____
 POB: _____
 Native American no yes
 Tribe: _____

Paternal Great Grandfather

Name: _____
 DOB: _____
 POB: _____
 Native American no yes
 Tribe: _____
Paternal Great Grandmother
 Name: _____
 DOB: _____
 POB: _____
 Native American no yes
 Tribe: _____

Paternal Great Grandmother

Name: _____
 DOB: _____
 POB: _____
 Native American no yes
 Tribe: _____

Print legibly using blue or black ink. One form for each parent, if applicable

Completed by: _____ Date: _____

Person providing information: _____

Submit to: Redwood Valley Little River Band of Pomo Indians
 Enrollment Committee (Form Revised: 10/14/2020)