



BEAR RIVER BAND of ROHNERVILLE RANCHERIA
266 Keisner Road, Loleta, CA 95551, 707-733-1900, FAX 707-733-1723

APPLICATION FOR ENROLLMENT

Name of Applicant: _____

Maiden or other names by which known: _____

Current Mailing Address: _____

Residence Address: _____

Home Phone: _____

Work or Message Phone: _____

Date of Birth: _____

Place of Birth: _____

Sex: Male Female

Social Security: _____

Please indicate the ancestor for the Plan of Distribution through whom enrollment rights are claimed.

Name: _____
Last First Middle

Relationship to you: _____

Is/was the applicant or any ancestor of the applicant enrolled with another Tribe? Yes / No

If yes: _____
Name Relationship

Tribe, Band, Rancheria

Roll Number

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

Name and Address of Applicants Parents or Guardian

Mother: _____
Last First Middle

Other names by which known: _____

Mailing Address: _____

Residence Address: _____

Date of Birth: _____ Place of Birth: _____

Date of Death: _____ Place of Death: _____

Tribal Affiliation: _____ Roll Number: _____

Father: _____
Last First Middle

Other names by which Known: _____

Mailing Address: _____

Residence Address: _____

Date of Birth: _____ Place of Birth: _____

Date of Death: _____ Place of Death: _____

Tribal Affiliation: _____ Roll Number: _____

Guardian: _____
Last First Middle

Mailing Address: _____

Residence Address: _____

Date of Birth: _____ Place of Birth: _____

Date of Death: _____ Place of Death: _____

Date Appointed Guardian of Applicant: _____

Name of Court: _____

City County State

As an applicant for membership in the Bear River Band of Rohnerville Rancheria please understand that the burden of proof lies on you when determining your eligibility for enrollment. It is your responsibility to provide all required documentation and any other necessary documentation before your application will be considered complete. Your application will not be reviewed by the enrollment committee until all documentation has been received.

All applicants must submit the following documentation:

- Completed Enrollment Application
- Certified Birth Certificate
- Copy of Social Security Card
- Marriage Certificate (both the applicants and the parents)
- Certificate of Blood Degree
- Complete Family History Tree Chart (Both Indian and Non-Indian Families)

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 Bear River Band of Rohnerville Rancheria on the issue of enrollment.

Signature of Applicant/Parent/Guardian
(Applicant must be 18 years or older)

Date

-FAMILY HISTORY FORM
*Information required for
 degree of Indian blood*

Great Grandfather's Name _____
 DOB _____ Roll # _____
 Tribe _____
 Degree of Indian Blood _____

Great Grandmother's Name _____
 DOB _____ Roll # _____
 Tribe _____
 Degree of Indian Blood _____

Great Grandfather's Name _____
 DOB _____ Roll # _____
 Tribe _____
 Degree of Indian Blood _____

Great Grandmother's Name _____
 DOB _____ Roll # _____
 Tribe _____
 Degree of Indian Blood _____

Great Grandfather's Name _____
 DOB _____ Roll # _____
 Tribe _____
 Degree of Indian Blood _____

Great Grandmother's Name _____
 DOB _____ Roll # _____
 Tribe _____
 Degree of Indian Blood _____

Great Grandfather's Name _____
 DOB _____ Roll # _____
 Tribe _____
 Degree of Indian Blood _____

Great Grandmother's Name _____
 DOB _____ Roll # _____
 Tribe _____
 Degree of Indian Blood _____

Grandfather's Name _____
 DOB _____
 Tribe _____
 Roll # _____
 Degree of Indian Blood _____

Grandmother's Name _____
 DOB _____
 Tribe _____
 Roll # _____
 Degree of Indian Blood _____

Grandfather's Name _____
 DOB _____
 Tribe _____
 Roll # _____
 Degree of Indian Blood _____

Grandmother's Name _____
 DOB _____
 Tribe _____
 Roll # _____
 Degree of Indian Blood _____

Father's Name _____
 DOB _____
 Tribe _____
 Roll # _____
 Degree of Indian Blood _____

Mother's Maiden Name _____
 DOB _____
 Tribe _____
 Roll # _____
 Degree of Indian Blood _____

Applicant's Name _____
 DOB _____
 Tribe _____
 Roll No. _____

