



**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

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: \_\_\_\_\_

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 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)

Complete Family History Tree Chart (Both Indian and Non-Indian Families)

I swear, under the 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.

---

Print Name of Applicant

---

Date

---

Signature of Applicant

---

Date