

**BEAR RIVER BAND of ROHNERVILLE RANCHERIA**  
266 KEISNER RD LOLETA, CA 95551-9707 PHONE 707-733-1900 FAX 707-733-7972



### APPLICATION FOR ENROLLMENT

Name of Applicant: \_\_\_\_\_

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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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)

Any child not born to a Tribal Member Mother requires DNA proof to Father

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.

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Print Name of Applicant

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Date

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Signature of Applicant

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Date

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

**Applicant's Name**  
 DOB \_\_\_\_\_  
 Tribe \_\_\_\_\_  
 Roll No. \_\_\_\_\_

**Father's Name**  
 DOB \_\_\_\_\_  
 Tribe \_\_\_\_\_  
 Roll # \_\_\_\_\_  
 Degree of Indian Blood \_\_\_\_\_

**Mother's Maiden 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 \_\_\_\_\_

**Grandfather's Name**  
 DOB \_\_\_\_\_  
 Tribe \_\_\_\_\_  
 Roll # \_\_\_\_\_  
 Degree of Indian Blood \_\_\_\_\_

**Grandmother's Name**  
 DOB \_\_\_\_\_  
 Tribe \_\_\_\_\_  
 Roll # \_\_\_\_\_  
 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 \_\_\_\_\_

