ENROLLMENT APPLICATION CHECK LIST

1. Enrollment Application Page 2

2. Statement of Paternity (must be notorized)

3. Relinquishment on Behalf of Minor (if it applies)

4. Relinquishment

5. Identification Questionaire

6. Family Tree

7. Birth Certificate (State Certified Certificate)

8. ALL MUST BE COMPLETED BEFORE REVIEWED
ENROLLMENT APPLICATION FOR HOH INDIAN NATION

Name: __________________________ Tribe's Name: __________________________

Address: ____________________________ (Street, City, State, and Zip)

Other Names Used: ____________________________ Sex: __________ Date of Birth: __________

(Include Maiden Name, Previous Married Names, Aliases, Etc.)

Place of Birth: __________________________ SSN#: __________________________

DEGREE OF INDIAN BLOOD Claimed:

<table>
<thead>
<tr>
<th>Hoh Indian Tribe</th>
<th>Other (Give Degree and Tribe)</th>
<th>Total Blood Degree</th>
</tr>
</thead>
</table>

Is either of your parents enrolled as a member of another tribe? ( ) Yes or ( ) No

If yes what tribe? ________________________________________________________________________________

Is applicant an adopted child: ( ) Yes ( ) No

Is applicant a member of another tribe: ( ) Yes ( ) No (If Yes, please give name of the Tribe and Membership number: ________________________________________________________________________________

PROOF OF BIRTH MUST BE ESTABLISHED. Attach a Photostate copy of the applicant's certified birth certificate. If not available, please submit an official document, which establishes date of birth, place of birth, and natural parent's name. (Acceptable documents include baptismal record, hospital record, affidavit of attending doctor or midwife, official Federal, State, or Tribal records.)

Family diagram on must be completed.

I hereby declare that information supplied herein is accurate and correct to the best of my knowledge and I am aware of fine of not more than $10,000 or imprisonment for not more than five years or both can be levied for making false or fraudulent statements in connection with any matter within the jurisdiction of any department or Agency of the United States.

Date: __________________________ Signature of applicant, or person applying on behalf of another

Relationship: ________________________________________________________________________________

Address Street, city, state, zip code
Statement of Paternity

Affidavit

I, ____________________________________________, hereby certify that I am the natural father of ____________________________________________, who was born on ____________________________ at ____________________________ and that ____________________________________________ is the natural mother of said child.

Signature of father ____________________________________________

Signature of mother ____________________________________________

_____________________________________________________________

Subscribed and Sworn to before me this _______________________ day of ____________________________

Notary Public in and for the state of ____________________________________________

My commission expires ____________________________________________
CONDITIONAL RELINQUISHMENT ON BEHALF OF MINOR

I, ____________________________, Do hereby relinquish the membership of ____________________________, a minor, including benefits and privileges said minor may have been entitled to as a member of the Hoh Indian Tribe. It is understood that the relinquishment is contingent upon the acceptance of this minor into membership in the ____________________________ Tribe. If, for some unanticipated reason this minor is not accepted in the membership in the ____________________________ Tribe, I understand that this minor’s membership in the Hoh Tribe will remain intact.

I hereby swear and affirm that this minor, ____________________________, whose date of birth is ____________________________, is in my legal custody. (Note: Signatures of both parents are required. If parents are divorced, a copy of the divorce decree showing who has legal custody must accompany this document of relinquishment.)

Father

____________________________________

Mother

____________________________________

NOTARY OF PUBLIC OR CERTIFYING OFFICER

Subscribed and sworn to before me this____________________ day of___________________ 20____.

____________________________________

____________________________________

Residing at:_____________________________
RELINQUISHMENT

I, ________________________________, do hereby relinquish all membership rights to and in the ____________________________ Tribe of Indians and hereby request to be enrolled in the Hoh Tribe of Indians, provided that this relinquishment shall not be effective until is granted.

Signed: ________________________________

____________________________________

____________________________________

NOTARY OF PUBLIC OR CERTIFYING OFFICER

Subscribed and sworn to before me this __________________ day of ___________ 20__.

____________________________________

____________________________________

Residing at: ___________________________
IDENTIFICATION QUESTIONNAIRE

Date: _________________________

I hereby submit the following information for the record to substantiate my Indian Ancestry and for other purposes.

1. What is your name: ___________________________ Sex ______
2. What was your maiden name: ___________________________ 
3. Are you allotted? If so where? ___________________________ Allotment No._______
4. Date of Birth: ___________________________
5. Birth Place: ___________________________
6. What is your degree of Indian Blood? ___________________________
7. Tribe Enrolled? ___________________________
8. Do you claim other tribe? If so name it? ___________________________
9. Do you reside on an Indian reservation or on a trust allotment? ___________________________
10. Are you married or single? ___________________________
11. If married, by law or Indian custom? ___________________________
12. What is the name of your spouse? ___________________________
13. What degree of Indian Blood does your spouse have? ___________________________
14. If your spouse is of Indian blood, to what tribe does he/she belong to? ___________________________
15. If previously married, give name of your previous spouse. ___________________________
16. If you prefer, you may enclose a list of names of your living children, their sex, date of birth, place of birth, degree of Indian blood ___________________________
17. Make any remarks here you feel necessary relating to the above. ________________________________

______________________________

18. What is your father's name? __________________________

19. What degree of blood is he? __________________________

20. What tribe does your father belong? ____________________

21. Is your father deceased? If so, give the date of his death. _________________________________

22. What is your mother's name? __________________________

23. What degree of blood is she? __________________________

24. What tribe does your mother belong? ____________________

25. Is your mother deceased? If so, give the date of her death. _________________________________

26. What is the name of your father's father? __________________

27. What degree of Indian blood does your father's father have? _____________________________

28. What tribe does your father's father belong to? ________________

29. What is the name of your father's mother? _________________

30. What degree of Indian blood does your father's mother have? _____________________________

31. What tribe does your father's father belong to? ________________

32. What was the name of your mother's father? _________________

33. What degree of Indian blood does your mother's father have? _____________________________

34. What tribe does your mother's father belong? ________________

35. What was the maiden name of your mother's mother? _________________

36. What degree of blood did your mother's mother have? _________________

37. What tribe did your mother's mother belong? _________________

I hereby certify that the foregoing is correct and true statement of facts to the best of my knowledge and belief.

Signed: __________________________________ Date: _______________________

Approved by: __________________________________ Date: _______________________

Resolution #: __________________________

Resolution Date: _______________________

Page 7 | P.O. Box 2196, Forks, WA 98331 | Fax (360) 374-5426 | (360) 374-5582
**Family Tree Chart**

Complete those branches with tribal ancestors back to those of the base roll. If more than 5 generations are needed to get the base enrollee(s) add additional family tree charts, beginning with ancestor on the "applicant" line.

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Father</th>
<th>Grandfather</th>
<th>Great Grandfather</th>
<th>Great, Great Grandfather</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tribe</td>
<td>Tribe</td>
<td>Tribe</td>
<td>Tribe</td>
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Complete those branches other Indian ancestors back to those for whom you can obtain a CDIB.

Note Non-indian ancestors with N.I. on the blank for Tribe.

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