

## **LOWER ELWHA KLALLAM TRIBE**

7ə71x nəx s X'ay'əm "Strong People"

2851 Lower Elwha Road Port Angeles WA 98363 (360) 452-8471 Fax: (360) 452-3428

## **DESCENDENT APPLICATION**

APPLICANT:					
(NAME)	LAST		FIRST		MIDDLE
OTHER NAMES:					
	(INCLUDE MAIDEN,	PREVIOUS NAMES, AI	JAS, ETC.)		
ADDRESS:					
	(STREET, HOUSE OR BO	X NUMBER)	CITY	STATE	ZIP CODE
SEX:	SOCIAL SECUR	RITY#		PHONE NUMBER	
DATE OF BIRTH <sub>_</sub>		PLA	ACE OF BIRTH		
Is applicant an adop	oted child?	Yes	No		
PROOF OF BIRTH FAMILY TREE mu	MUST BE ESTABLISHED ast be completed. PLEASE A	: A copy of appl	icants Birth Certif OCOPY OF YOU	icate must be submitted w R SOCIAL SECURITY CA	ith the application. ARD.
not more thatnS10.0	t the information supplied h 000.00 or imprisonment for n matter within the durisdicti	ot more than five y	ears, or both, can	levied for making false or	am aware that a fine of fraudulent statements in
Date	Signature				
Relationship	Addre	ess			

LOWER ELWHA KLALLAM TRIBE



## **Family Ancestry Chart**

Tribe(s) & Blood Quantum

Date and Place of Birth

and blood degree

FATHER

MOTHER

Tribe(s) & Blood Quantum

Date and Place of Birth

PATERNAL GRANDFATHER Tribe(s) & Blood Quantum Date and Place of Birth Tribe(s) & Blood Quantum GREAT GRANDMOTHER Date and Place of Birth Tribe(s) & Blood Quantum Date and Place of Birth GREAT GRANDFATHER PATERNAL GRANDMOTHER Tribe(s) & Blood Quantum Date and Place of Birth Tribe(s) & Blood Quantum GREAT GRANDMOTHER Date and Place of Birth Tribe(s) & Blood Quantum Date and Place of Birth GREAT GRANDFATHER MATERNAL GRANDFATHER Tribe(s) & Blood Quantum Date and Place of Birth Tribe(s) & Blood Quantum GREAT GRANDMOTHER Date and Place of Birth Tribe(s) & Blood Quantum Date and Place of Birth GREAT GRANDFATHER MATERNAL GRANDMOTHER Tribe(s) & Blood Quantum Date and Place of Birth Tribe(s) & Blood Quantum Date and Place of Birth **GREAT GRANDMOTHER** Tribe(s) & Blood Quantum Date and Place of Birth

GREAT GRANDFATHER

Name

Tribe(s) & Blood Quantum Elwha Klallam
Date of Birth

Place of Birth

PREPARED/REVISED BY

DATE REVIEWED OR REVISED

Automatic Enrollment
Adoption Enrollment