

DOLORES RAGLIN
TRIBAL CHAIRMAN

CORINA LEGO
TRIBAL VICE-CHAIR

IDA RIGGINS
TRIBAL SECRETARY



PIT RIVER TRIBE
36970 Park Ave.
Burney, CA. 96013

Telephone 530-335-5421
Fax No: 530-335-3140

ELEVEN AUTONOMOUS BANDS

ITSATAWI

HEWISEDAWI

Congratulations you are now 18 or you will be soon.

ASTARIWI

ILMAWI

Now that you're eighteen or close to being 18 there are some things that need to be done in order for your Adult Enrollment file to be complete.

You were already enrolled by your parent(s) as an infant, but now you need to fill out and sign your own enrollment application.

Please provide the following if marked:

- Complete Enrollment application and sign _____
- Affidavit For Registration for annual elections in August _____
- Copy of your Social Security card number _____
- Change of Address, if necessary. _____
- Original certified birth certificate (No copies will be accepted) _____
- Family Tree with as much information you can provide _____
- Copy of your Drivers License or State Identification for file. _____

KOSEALEKTE

ATSUGEWI

APORIGE

HAMMAWI

Please do not hesitate to contact the Ida M. Riggins, Pit River Tribal Secretary @ (530) 335-5421 Ext. 1202

or email: 69idamay@gmail.com

AJUMAWI

MADESI

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PIT RIVER TRIBE

ENROLLMENT INSTRUCTIONS

ELIBIBILITY FOR ENROLLMENT:

You are eligible to enroll if you are **not** enrolled in any other Federally Recognized Indian Tribe, and either possess $\frac{1}{4}$ Pit River Indian Blood **OR** are a child born to a person enrolled as a member of the *Pit River Tribe* regardless of your blood quantum (to qualify for enrollment as the child of a tribal member your members parents must be officially enrolled in the *Pit River Tribe* when you are born).

To establish your eligibility for enrollment as $\frac{1}{4}$ *Pit River Indian*, you must provide a Bureau of Indian Affairs (BIA) issued certification of Indian Blood or other variable proof (official records of ancestry and blood quantum **OR** you may apply as a base roll member. Base roll members are people who appear on the official list of person accepted into Tribal Membership under the 64' Constitution people who were listed by the BIA as eligible to vote are listed on the 1928 census as *Pit River*. Under the Constitution, base roll members as deemed to meet membership eligibility requirements. *****

FORMS: You must complete an official *Pit River* Enrollment Application in order to apply for enrollment. There are two different sets of forms. There are the regular enrollment forms for persons applying as $\frac{1}{4}$ *Pit River* or the child of a person official enrolled in the *Pit River Tribe*. This consists of the enrollment application (FORM No. ENR - 1) and a family tree chart (FORM No. ENR - 2). If you enroll as a base enrollee, your blood quantum will not be entered in Tribal Records, unless you submit a BIA issued Indian Blood Certification or also complete the regular enrollment application where more detailed ancestral information is provided. *****

ADDITIONAL DOCUMENTATION REQUIRED: If you are applying as $\frac{1}{4}$ *Pit River* or wish tribal records to reflect your actual degree of Indian Blood, you must provide BIA issued certificate or degree of Indian Blood or similar documentation showing ancestry and blood quantum.

If you are applying as the child of a person officially enrolled as a member of the *Pit River*, you must provide a certified copy of your birth certificate and a copy of your parents marriage certificate. If your parents are not married and it is your father who is the officially enrolled member of the *Pit River Tribe*, you must provide proof of paternity (an affidavit acknowledging paternity signed before a judge or court order). *****

OTHER ADDITIONAL DOCUMENTATION MAY BE REQUIRED AS INDICATED ON ENROLLMENT APPLICATION FORMS.

BAND: _____

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LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____ MAIDEN NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: () _____ () _____ () _____

HOME#

CELL #

MSG#

SPOUSE NAME: _____ DATE OF BIRTH: _____

BIOLOGICAL CHILDREN:

NAME: _____ DATE OF BIRTH: _____

NAME: _____ DATE OF BIRTH: _____

NAME: _____ DATE OF BIRTH: _____

I THE UNDERSIGNED AM A BONAFIDE PIT RIVER DESCENDANT, AND DESIRE TO BE ENROLLED WITH THE PIT RIVER TRIBE, AND HEREBY AGREE TO BE REPRESENTED BY THE OFFICIALS OF THE PIT RIVER TRIBAL COUNCIL IN ANY AND ALL ACTIONS PROMOTING THE BEST INTERESTS OF THE TRIBE (NOTE PERSONS MUST BE 18 YEARS OR OVER TO ENROLL THEMSELVES, IF YOU ARE UNABLE TO WRITE, PLEASE HAVE A WITNESS VERIFY YOUR MARK).

SIGNATURE: _____ DATE: _____

WITNESS: _____ ADDRESS: _____

WITNESS: _____ ADDRESS: _____

WITNESS: _____ ADDRESS: _____

PLEASE PRINT ALL INFORMATION:

MATERNAL:

PATERNAL:

NAME OF MOTHER: _____ NAME OF FATHER: _____

TRIBE OR RACE: _____ TRIBE OR RACE: _____

GRANDMOTHER: _____ GRANDMOTHER: _____

TRIBE OR RACE: _____ TRIBE OR RACE: _____

GRANDFATHER: _____ GRANDFATHER: _____

TRIBE OR RACE: _____ TRIBE OR RACE: _____

YOUR DEGREE OF PIT RIVER INDIAN BLOOD: _____
(FULL) 3/4 1/2 1/4 1/8

REGISTERED ON CALIFORNIA INDIAN ROLL: YES _____ NO _____ ROLL# _____

Family Tree Chart
NR-02 (a)

MOTHER (MAIDEN NAME) _____
 DATE OF BIRTH _____
 TRIBE: _____
 TRIBE: _____
 DEGREE OF INDIAN BLOOD: _____
 BAND: _____

NAME _____
 DATE OF BIRTH _____
 TRIBE: _____
 TRIBE: _____
 DEGREE OF INDIAN BLOOD: _____
 BAND: _____

FATHER _____
 DATE OF BIRTH _____
 TRIBE: _____
 TRIBE: _____
 DEGREE OF INDIAN BLOOD: _____
 BAND: _____

MATERNAL GRANDMOTHER (MAIDEN NAME) _____
 DATE OF BIRTH _____
 TRIBE: _____
 TRIBE: _____
 DEGREE OF INDIAN BLOOD: _____
 BAND: _____
 MATERNAL GRANDFATHER _____
 DATE OF BIRTH _____
 TRIBE: _____
 TRIBE: _____
 DEGREE OF INDIAN BLOOD: _____
 BAND: _____

PATERNAL GRANDMOTHER (MAIDEN NAME) _____
 DATE OF BIRTH _____
 TRIBE: _____
 TRIBE: _____
 DEGREE OF INDIAN BLOOD: _____
 BAND: _____
 PATERNAL GRANDFATHER _____
 DATE OF BIRTH _____
 TRIBE: _____
 TRIBE: _____
 DEGREE OF INDIAN BLOOD: _____
 BAND: _____

MATERNAL GREAT GRANDMOTHER (MAIDEN NAME) _____ TRIBE: _____ BAND: _____	MATERNAL GREAT GRANDMOTHER _____ TRIBE: _____ BAND: _____	MATERNAL GREAT GRANDMOTHER (MAIDEN NAME) _____ TRIBE: _____ BAND: _____	MATERNAL GREAT GRANDMOTHER _____ TRIBE: _____ BAND: _____
MATERNAL GREAT GRANDMOTHER (MAIDEN NAME) _____ TRIBE: _____ BAND: _____	MATERNAL GREAT GRANDMOTHER _____ TRIBE: _____ BAND: _____	MATERNAL GREAT GRANDMOTHER (MAIDEN NAME) _____ TRIBE: _____ BAND: _____	MATERNAL GREAT GRANDMOTHER _____ TRIBE: _____ BAND: _____
PATERNAL GREAT GRANDMOTHER (MAIDEN NAME) _____ TRIBE: _____ BAND: _____	PATERNAL GREAT GRANDMOTHER _____ TRIBE: _____ BAND: _____	PATERNAL GREAT GRANDMOTHER (MAIDEN NAME) _____ TRIBE: _____ BAND: _____	PATERNAL GREAT GRANDMOTHER _____ TRIBE: _____ BAND: _____

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In accordance with the Constitution of the *Pit River Tribe* and the *Pit River Tribal Enrollment Ordinance* No. 88-1 and Election Ordinance No. 88-2 set forth before is a summary of voter qualifications. (The Constitution and ordinances of the *Pit River Tribe* may be reviewed at the *Pit River Tribal Office*.)

VOTER QUALIFICATIONS:

1. Duly enrolled member of the *Pit River Tribe* who is not enrolled with any other tribe, band or group of federally recognized Indians and has not relinquished membership in the *Pit River Tribe* not been disenrolled for any reason.
2. Eighteen (18) years of age or older by the date of the next tribal election.
3. Duly registered as a voter of the *Pit River Tribe*.

ENROLLMENT PROCEDURE:

An eligible applicant may enroll as a member of the *Pit River Tribe* by completing and submitting to the tribal enrollment committee enrollment applications forms. Forms are available upon request at the tribal office.

Persons eligible to enroll include persons accepted into tribal membership under the constitution of the 1964; persons listed by the BIA as eligible to vote on the 1983 Constitution: Persons listed on the 1928 Census as the *Pit River Indian* and of at least $\frac{1}{4}$ *Pit River Blood*: any child born to an enrolled member of the *Pit River Tribe*, regardless of the blood quantum. Enrollment in any other federally recognized tribe disqualifies an otherwise eligible person from eligibility for membership.

REGISTRATION PROCEDURE:

An enrolled member of the *Pit River Tribe* who is or will be 18 years of age or older by the next tribal election is eligible to vote in that election and all subsequent elections by completing

AFFIDAVIT OF REGISTRATION. All information requested on the registration form must be supplied for registration to be valid.

Once you have registered to vote you are eligible to vote in all tribal elections and do not have to register unless your membership has been suspended for any reason (relinquishment or disenrollment), or you wish to change the autonomous band which you are registered as a member.

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AFFIDAVIT FOR REGISTRATION

(Registration form for voting in elections of the *Pit River Tribe*

Pit River Tribal Election Ord. Art. I, &202)

I, _____, HEREBY CERTIFY AS FOLLOWS:

1. I am a duly enrolled member of the *Pit River Tribe*.
2. I am not enrolled with any other tribe, band, or group of federally recognized Indians and have not relinquished membership in the *Pit River Tribe* nor have been dis-enrolled for any reason.
3. My date of birth is _____, and I am or will be eighteen (18) years of age by the date of the next *Pit River Tribal Election*.
4. I am eligible for membership in the _____ band, autonomous band of the *Pit River Tribe* and request that I be registered as a member of the said band. I understand that if I am eligible for registration in another band and wish to change my affiliation, I must register in order to do so. (Election Ord. Art I &102, Art.II &201)
5. I provide the following mailing address as the address where any of my election notice(s) or other communication should be directed, unless, a different address is provided by me to the tribal registrar in writing. (PLEASE PRINT)

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT, EXECUTED THIS _____ DAY OF _____, 20_____,
DAY MONTH YEAR

AT _____,
CITY STATE

SIGNATURE: _____

VOTER registration form