



**COW CREEK BAND OF UMPQUA TRIBE OF INDIANS
2371 NE STEPHENS, SUITE 100
ROSEBURG, OR 97470**

Dear Members of the Board of Directors:

I, _____, do hereby request that the name of
_____, who is my minor child, be placed on the
Supplemental Roll of the Cow Creek Band of Umpqua Tribe of Indians. I have enclosed the completed
application for enrollment along with a certified birth certificate.

Tribal affiliation is through the _____ Family.

Signature: _____

Printed Name: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Please mail your request and enrollment application to attention Vanessa Pence, Tribal Enrollment Officer to the
address above. If you have any questions please contact me at 541-677-5528 or email vpence@cowcreek.com.

FOR OFFICIAL USE ONLY - NO NOT WRITE IN THIS SPACE

Application Received: _____

Enrollment Officer Initials _____

☐ Receipt Acknowledgment Sent: _____

Is Application Complete? ☐ Yes ☐ No

☐ Enrollment Officer's Recommendation Prepared for Board

Does Applicant meet requirements of Cow Creek

Enrollment Code? ☐ Yes ☐ No

**APPLICATION FOR ENROLLMENT
WITH THE
COW CREEK BAND OF UMPQUA TRIBE OF INDIANS**

Applicant's Full Name: _____
(Last) (First) (Middle)

Address: _____
(Street)

(City) (State) (Zip)

Date of Birth: _____

Sex: ☐ Male ☐ Female

Telephone Number: _____

Social Security No.: _____

Applicant's Father: _____

Applicant's Mother: _____

Name of Father's Tribe: _____

Name of Mother's Tribe: _____

Is either of your parents enrolled in another tribe? ☐ Yes ☐ No.

If yes, which parent and with what tribe? Parent: ☐ Father ☐ Mother. Name of tribe: _____

Is applicant an adopted child? ☐ Yes ☐ No. Is applicant enrolled with another tribe? ☐ Yes ☐ No.

Is applicant a direct lineal descendant of a member of the Cow Creek Tribe? ☐ Yes ☐ No.

Date: _____

(Signature of Applicant or Sponsor)

If this application is being filed on behalf of another person, PLEASE FILL OUT BELOW:

Name of Person Filing Application: _____

Address: _____
(Street) (City) (State) (Zip)

Relationship to Applicant: _____