



Port Gamble S'Klallam Tribe

Application for Membership

Name: _____
First Middle Last Maiden

Other names used: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security #: _____

Gender: Male / Female Email: _____

Phone: _____ Cell: _____ Work: _____

Is the applicant an adopted child? Yes / No

Is the applicant or the biological parents members of another tribe? Yes / No

If yes, please provide Tribe name and enrollment number(s): _____

Please list all Tribes you are a descendent of: _____

PROOF OF BIRTH MUST BE ESTABLISHED. A copy of the applicant's certified birth certificate or official document which establishes date of birth, place of birth, and natural parent's names must be attached. Acceptable documents include: Official Birth Certificate, Paternity Affidavit, Hospital record signed by doctor, affidavit of attending doctor or midwife, official Federal, State, or Tribal Records. You may inquire about DNA testing if paternity is disputed or undocumented.

Family Tree on the next page must be completed. Enrollment Clerk may assist if needed.

I hereby declare that the information provided herein is accurate and correct to the best of my knowledge. I understand that providing false or misleading information will render this application null and void.

Date: _____
Signature of Applicant, Custodian, Guardian, or Legal Representative

Relationship to Applicant _____
Signature of Second Parent if said parent is a member of another Tribe

Note: Return to the **Port Gamble S'Klallam Enrollment Office:** 31912 Little Boston Rd. Kingston, WA 98346

Family Tree Chart

NOTE: You only need to input the names on the family tree, the rest will be filled in by the Enrollment Clerk.

Applicant

Name

Date of Birth

Indian Blood

Father

Name

Enrollment #:

Date of Birth

Indian Blood

Mother

Name

Enrollment #:

Date of Birth

Indian Blood

Grandfather

Name

Enrollment # & Date of Birth

Indian Blood

Grandmother

Name

Enrollment # & Date of Birth

Indian Blood

Grandfather

Name

Enrollment # & Date of Birth

Indian Blood

Grandmother

Name

Enrollment # & Date of Birth

Indian Blood

Great-Grandfather

Name

Tribe & Blood Degree

Great-Grandmother

Name

Tribe & Blood Degree

Great-Grandfather

Name

Tribe & Blood Degree

Great-Grandmother

Name

Tribe & Blood Degree

Great-Grandfather

Name

Tribe & Blood Degree

Great-Grandmother

Name

Tribe & Blood Degree

Great-Grandfather

Name

Tribe & Blood Degree

Great-Grandmother

Name

Tribe & Blood Degree

BIRTH CERTIFICATES:

Kitsap Public Health District offers certified copies of birth certificates for all Washington State births registered **1921 to present**.

BY MAIL	Kitsap Public Health District Attention: Vital Records 345 6th Street, Suite #300 Bremerton, WA 98337-1866
VIA FAX	(360) 813-1446
WALK-IN	3 rd floor of the Norm Dicks Government Center located at 345 6th Street in Bremerton. Monday – Friday between the hours of 8 a.m. and 4 p.m.

How much will the certificate cost?

Certificate Fee	\$20.00 per certificate
Postage	Current 1 st class postage rate (up to 4 copies: \$0.47, 5-10 copies: \$1.21). Please call (360) 728-2235 for additional rates.
Handling Fee (if mailed)	\$4.00 (per order regardless of number of copies)
Cashier Checks/Money Orders Payable to:	K.P.H.D. (no personal checks accepted)

What information do I need to have to order a birth certificate?

- The child's name at birth, place of birth, and date of birth.
- The father's full name and the mother's maiden name.
- Whether or not the child is adopted.

What forms of payment do you accept?

- VISA or MasterCard
- Debit Cards with a VISA or MasterCard logo
- Cash
- Cashier's Check/Money Order (**No Personal Checks**)

What hours can I walk-in and get a birth certificate?

Requests for Vital Records will be taken Monday through Friday between the hours of 8:00 a.m. and 4:00 p.m. Walk-in services (with the exception of newborn certificates) can be issued the same day or mailed. Newborn certificates take approximately three to five weeks from the date of birth. The birth hospital must transmit birth data to the Center for Health Statistics prior to the certificate becoming available.

How long does it take for you to mail the birth certificate?

Applications are processed within 48 hours of receipt and mailed at that time. Overnight delivery is available to most areas at an additional charge. For information on this service call (360) 728-2235.

Kitsap Public Health District Birth Certificate Application

Instructions:

1. Please print clearly.
2. Certified birth certificates will be mailed to the address you enter on the mailing label located at the bottom of this form. If no record is found, we will call or mail a letter.
3. If you have any questions call (360) 728-2235 and ask for Vital Records.

Please Note: Instructions for any changes/corrections to a Birth Certificate are located on the reverse side of the Birth Certificate. All changes/corrections are made in Olympia, WA.

Full Name on Birth Record: _____

First

Middle

Last

Date of Birth: _____ Place of Birth: _____

Month

Day

Year

City

County

Hospital Name

Father's Name: _____ State: _____

First

Middle

Last

Mother's Full Maiden Name: _____ State: _____

First

Middle

Last

I would like ___ copies at \$20.00 each, plus a \$4.00 Handling Fee, per order.

Make Cashier's Check/Money Order payable to K.C.H.D.

Paying with a Credit Card?

Card Holder's Name: _____

Visa MasterCard Card Number: _____ Expiration Date: _____

Security Code: (CSV) _____ Chip card Y/N _____ Card Holder Zipcode: _____

Please provide your name and mailing address below:

Please check one:

This is the address where the certificate(s) will be mailed:

I will pick up the birth certificate(s)

Please mail the birth certificate(s)

PHONE: () _____

Email: _____

*For office use only:

DATE PD _____ AMOUNT _____ CASHIER'S CHECK/MONEY ORDER _____ RECEIPT # _____ LOG # _____