APPLICATION FOR MEMBERSHIP CHECKLIST

Before submitting your application for membership into the Port Gamble S'Klallam Tribe, please make sure that you have completed the entire application and attached all the necessary paperwork and documents.

Attach Notarized Relinquishment if applicant is enrolled in another Tribe.
Attach the applicant's Certified Birth Certificate which establishes date of birth, place of birth, and natural parent's names. Acceptable documents include: - Official Birth Certificate - Paternity Affidavit - Hospital records signed by your doctor. - Affidavit of attending doctor or midwife. - Official Federal, State, and Tribal Records
Family Tree Diagram (page 2) is completed. The Enrollment Clerk may assist with making sure the family tree is complete and correct.
Certificate of Indian blood if there is Indian blood from another Tribe.
Proof of Residency Acceptable documents include: - See Title 25 Enrollment Code: 25.01.04 Definition of Terms.

Please return the completed application with all attachments to: Port Gamble S'Klallam Tribe Enrollment Office 31912 Little Boston Rd NE Kingston, WA. 98346



PORT GAMBLE S'KLALLAM TRIBE APPLICATION FOR MEMBERSHIP

To be completed by Enrollment Clerk	
Date received:	
Received by:	

Name:						
	First		Middle		Last	Maiden
Other names used:						
Date of birth:		County	of residency at time of birth:			
Social Security Number	r:			Gender:	Male	Female
Street Adress:						
Mailing Address:						
Primary Phone Numbe	r:	Secondary I	Phone Number:		Email:	:
Is the applicant an ad	lopted child?	Yes	No			
Is the applicant or the	e biological parents me	embers of and	other tribe OTHER than PGST?	Yes	No	
If yes, provide	the Tribe name and en	rollment nun	nber(s):			
Mother's name:			Date of birth:		Enrollment #:	
Phone number:		Address:				
Father's name:			Date of birth:		Enrollment#	
Phone number:		Address:				
Please list all address	ses of the PGST enroll	ed parent(s) f	or the entire year before the b	irth of the appl	icant if differe	nt than above addresses:
date of birth, place of Paternity Affidavit, Ho	birth, and natural par espital record signed b	ent's names r y doctor, affic	applicant's certified birth certi nust be attached. Acceptable davit of attending doctor or mid mented or disputed.	documents inc dwife, official F	clude: Official E	Birth Certificate,
FAMILY TREE on the r	next page MUST be cor	npleted. The	Enrollment Clerk may assist if	needed.		
	the information provid formation will render t		ccurate and correct to the bes on null and void.	st of my knowle Initial:	dge. I understa	nd that providing -
Date:			Ciarin advisor of a control	ioont gusts di-	on duordian -	logal rapropantation
			Signature or appt	icani, custodia	ın, guardıan, Of	legal representative
Relationship	to applicant		Signature of secon	d parent if said	I parent is a me	ember of another Tribe

Applicant:				
Name:				
Birthdate:				
Blood Quantum:		Great-Grandfather	G.G. Grandfather	G.G. Grandmother
-		Name:	Name:	Name:
	Grandfather	Enr. # & B.Q.:	Enr. # & B.Q.:	Enr. # & B.Q.:
	Name:	_		
	Enr. #:	Great-Grandmother	G.G. Grandfather	G.G. Grandmother
	Blood Quantum:	Name:	Name:	Name:
Father		Enr. # & B.Q.:	Enr. # & B.Q.:	Enr. # & B.Q.:
Name:				
Birthdate:		Great-Grandfather	G.G. Grandfather	G.G. Grandmother
Enrollment #:	-	Name:	Name:	Name:
Blood Quantum:	Grandmother	Enr. # & B.Q.:	Enr. # & B.Q.:	Enr. # & B.Q.:
	Name:			
	Enr. #:	Great-Grandmother	G.G. Grandfather	G.G. Grandmother
Note: Please fill in the	Blood Quantum:	Name:	Name:	Name:
names only, the rest		Enr. # & B.Q.:	Enr. # & B.Q.:	Enr. # & B.Q.:
will be done by the				
enrollment clerk.		Great-Grandfather	G.G. Grandfather	G.G. Grandmother
	Grandfather	Name:	Name:	Name:
	Name:	Enr. # & B.Q.:	Enr. # & B.Q.:	Enr. # & B.Q.:
	Enr. #:			
Mother	Blood Quantum:	Great-Grandmother	G.G. Grandfather	G.G. Grandmother
Name:		Name:	Name:	Name:
Birthdate:		Enr. # & B.Q.:	Enr. # & B.Q.:	Enr. # & B.Q.:
Enrollment #:				· · · · -
Blood Quantum:		Great-Grandfather	G.G. Grandfather	G.G. Grandmother
	Grandmother	Name:	Name:	Name:
	Name:	Enr. # & B.Q.:	Enr. # & B.Q.:	Enr. # & B.Q.:
	Enr. #:			
	Blood Quantum:	Great-Grandmother	G.G. Grandfather	G.G. Grandmother
		Name:	Name:	Name:
		Enr. # & B.Q.:	Enr. # & B.Q.:	Enr. # & B.Q.:



Instructions for Authorized Representative Form

This form is a legal document that allows an individual to become an authorized representative to request a birth, death, or fetal death certificate on behalf of a qualified applicant. Both parties should carefully read these instructions before completing and notarizing the Authorized Representative Form.

struct	ions for completing the Authorized Representative Form:
	A qualified applicant must fill out all the fields on the Authorized Representative Form.
	The qualified applicant must sign in the presence of a notary.
	The authorized representative must sign in the presence of a notary.
	The notary(ies) must sign, print their name, stamp, and date.
	The authorized representative must submit this form within 60 days of it being notarized with a completed application for
	Alice and Grant I described and alice forms

What is an authorized representative?

An authorized representative is a person permitted to receive a certificate who is:

- Identified in a notarized form signed by a qualified applicant; or
- An agent identified in a power of attorney.

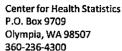
What is a qualified applicant?

A qualified applicant is a person who is eligible to receive a certificate.

Who are the qualified applicants for birth, death, and fetal death certificates that can fill out the Authorized Representative form?

The qualified applicants for birth, death, and fetal death certificates are:

Birth Certificates	Long Form Death Certificate	Short Form Death Certificate	Fetal Death Certificate
 Self Spouse/Domestic Partner Child/Stepchild Parent/Stepparent Sibling Grandparent Grandchild Great Grandparent Legal Guardian Legal Representative Government Agency or the Courts (only for official duties) 	 Spouse/Domestic Partner Child/Stepchild Parent/Stepparent Sibling Grandparent Grandchild Great Grandparent Legal Guardian Legal Representative Next of Kin (if no one else from this list is living) Funeral home listed on the record (within 12 months of date of death) Government Agency or the Courts (only for official duties) 	Same as the long form death certificates, plus these additional qualified applicants: • A title insurer or title insurance agent handling a transaction involving real property • A person that demonstrates the certificate is necessary for a determination related to the death or protection of a personal or property right related to the death	 Parent Sibling Grandparent Parent's legal representative Funeral home listed on the record (within 12 months of date of death) Government Agency or Courts (only for official duties)





Can two different notaries notarize the Authorized Representative Form?

Yes, two notaries can notarize the Authorized Representative Form. For example, if the qualified applicant and the person becoming an authorized representative live in two different states, they may sign the form in the presence of a notary in their state. The Department of Health will only accept one complete form, not two separate notarized forms.

Can the Authorized Representative Form be used multiple times and does it expire?

The Authorized Representative Form is for one-time use only and must be used within sixty (60) days of the form being notarized.

Once the Authorized Representative Form is notarized, what is the next step?

Once the Authorized Representative Form is notarized, within sixty (60) days, the authorized representative can submit an application for the certificate identified on this form by either ordering online, phone, mail, or in-person.

To purchase a certificate of a birth, death, or fetal death record, the following is required for all applications:

- 1. An application form with required pieces of information
- 2. Documents proving identity
- 3. Documents proving qualifying relationship the Authorized Representative Form will serve as your eligibility documentation
- 4. Applicable fee(s)

For more information about vital records, please visit our website at https://www.doh.wa.gov/LicensesPermitsandCertificates/BirthDeathMarriageandDivorce.



CLEAR FORM

AUTHORIZED REPRESENTATIVE

Center for Health Statistics P.O. Box 9709 Olympia, WA 98507 360-236-4300

Place notary

seal here

THIS IS A LEGAL DOCUMENT COMPLETE IN INK AND DO NOT ALTER

I, , grant permission to the individual identified below to request a birth, death, or fetal death certificate on my behalf. I declare under penalty of perjury under the laws of the state of Washington that the information I have provided is true and correct and I am a qualified applicant as listed in RCW 70.58A.530. I further understand that willfully providing a false statement to vital records for a certificate is a gross misdemeanor under Washington law, RCW 70.58A.590 (2). **Qualified Applicant's Full Name: Qualified Applicant's Phone Number: Qualified Applicant's Email Address: Qualified Applicant's Relationship to Record:** Full Name on Record Being Permitted: Type of Record: **Authorized Representative Full Name:** QUALIFIED APPLICANT SIGNATURE Qualified applicant's signature_____ Signed and sworn before me on_ _____by___ Date (MM/DD/YY) Print Full Name of Place notary State of _______, County of _______ seal here Signature of Notarial Officer Title of Notary Office ____ My commission expires ______ Printed Full Name of Notarial Officer AUTHORIZED REPRESENTATIVE SIGNATURE Authorized Representative's signature_____ Signed and sworn before me on__

_____ My commission expires ______

Print Full Name of

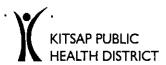
Title of Notary Office

Date (MM/DD/YY)

State of ______, County of ______

Signature of Notarial Officer

Printed Full Name of Notarial Officer



Instructions for Birth Certificate Order Form

Carefully read these instructions before completing and submitting the Birth Certificate Order Form. Chapter 70.58A RCW and Chapter 246-491 WAC requires all applicants to be a qualified applicant, provide identity and proof of eligibility documentation, and provide required information to order a birth certificate.

Checkli	ist for completing the Birth Certificate Order Form:
	Complete all fields on the birth certificate order form, sign, and date
	A copy of your identity document(s)
	A copy of your proof of eligibility document(s)
	Visa or Mastercard, Cashier Check or money order made payable to KPHD
П	Send the order form, all documents, and <u>nonrefundable</u> payment to:
	Kitsap Public Health District
	Vital Records
	345 6 th Street, Suite 300
	Bremerton, WA 98337

What is a qualified applicant?

A qualified applicant is a person who is eligible to receive a certificate.

Who are the qualified applicants for a birth certificate?

Qualified applicants for a birth certificate are: Self, Spouse/Domestic Partner, Child, Parent, Stepparent, Stepchild, Sibling, Grandparent, Grandchild, Great Grandparent, Legal Guardian, Legal Representative, Authorized Representative, or Government Agency or the Courts (only for official duties).

Are you one of the qualified applicants listed above to the birth certificate you are requesting?

If yes, continue. You will need to provide identity and proof of eligibility documentation.

If you are not one of the listed above, STOP. You will not receive a WA State birth certificate

What is proof of eligibility documentation?

Proof of eligibility documentation are documents that link you to the requested birth certificate.

- 1. If you are listed on the record and your identity documentation sufficiently links you to the record (i.e. self or parents), your proof of eligibility requirement is met.
- 2. If you are not listed on the record or your identity documentation doesn't sufficiently link you to the record, you must provide additional documentation to prove eligibility.

What documents will the Department of Health (DOH) accept to prove eligibility?

DOH will accept the following documents to prove eligibility:

- Copies of vital records such as certifications of birth, death, marriage, and divorce from this or another
 jurisdiction that link you to the requested record
- Copies of certified court orders from a court of competent jurisdiction linking you to the record (i.e. legal guardian)
- Document or letter from a government agency or courts stating the certification will be used in the conduct of
 official duties (for government and court officials only)

View the <u>Proof of Eligibility (PDF)</u> for examples of how to prove qualifying relationship.

What identity documentation will Kitsap Public Health accept?

Kitsap Public Health will accept a copy of:

- One government issued identity document (must contain photo, full name, and date of birth) that is current or expired less than 60 days; or
- If you do not have a government issued identity document, then <u>at least two</u> alternate documents from the alternate list. The alternate documents must contain matching first and last names and addresses, or in combination contains full name, date of birth, and photograph.

View the list of acceptable identity documentation.

What information is required?

The following information is required as it appears on the birth certificate:

- First, middle, and last name of the subject of the record
- First and last name of all parents listed on the record
- Date of birth (month, date, year)
- City or county where the birth occurred

What if I cannot provide the required documents to prove eligibility, do not have identity documents from the acceptable list, or know the required information?

If you are unable to meet the requirements, you may submit a request for an exception. This process allows the applicant to explain why you are unable to provide the required documentation or information.

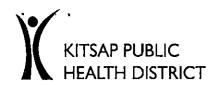
What address do I put on the order form?

The address you provide on the order form must be the address you are REGISTERED to receive mail at. If that is not an option, put the name of the individual registered at the address and then put "in care of" before your name (Ex. John Doe C/O Jane Doe, 101 Israel Rd SE, Tumwater, WA 98502). If filling in the form by hand, please print clearly to avoid delay in processing.

What form of payment is accepted?

We accept Visa or Mastercard, *cashier* checks or money orders for requests mailed to Kitsap Public Health. Make sure your *cashier* check or money order is made payable to KPHD.

Important note: no refunds will be given if a record could not be located or the documentation you provided did not prove you were eligible to receive a death certificate.



MAIL ORDERS TO: Kitsap Public Health District Vital Records 345 6th Street, Suite 300 Bremerton, WA 98337

BIRTH CERTIFICATE MAIL ORDER FORM

DO NOT USE ANY UNAPPROVED THIRD PARTY VENDOR TO OBTAIN THIS FORM. DO NOT PAY A FEE FOR THIS FORM

MAKE CASHIER CHECKS & MONEY ORDERS PAYABLE TO: KPHD NO REFUNDS

N.	NAME OF PER	SON/COMPANY ORDERING (CERTIFICATE (S):						
ADDRESS SENDING CERTIFICATE (S) TO: CITY: STATE: ZIP CODE: COUNTRY: DAYTIME TELEPHONE NUMBER: EMAIL ADDRESS:									
ANT IN	CITY: STA		STATE:		ZIP CODE	i	COU		
DAYTIME TELEPHONE NUMBER:			EMAIL ADDRESS:	AIL ADDRESS:					
я	1		birth certificate, yo n the sworn stateme						
	"	□ SELF	□ PARENT	☐ SIBLING		☐ GREATG	FRANDPARE	NT	☐ AUTHORIZED REPRESENTATIVE
REL	SELECT ATIONSHIP:	☐ SPOUSE/DOMESTIC PARTNER	☐ STEPPARENT	☐ GRANDE	PARENT	□ LEGAL G	GUARDIAN		☐ GOVERNMENT AGENCY
		☐ CHILD	☐ STEPCHILD	☐ GRANDO	CHILD	☐ LEGAL F	REPRESENTA	TIVE	☐ COURTS
<u>ر</u>	CERTIFICATE HOLDER FIRST NAME(S):		CERTIFICATE HOLD	CERTIFICATE HOLDER FULL MIDDLE NAME(S):		CERTIFICATE HOLDER LAST NAME(S):		LAST NAME(S):	
D DETAIL	DATE OF BIRT	H:	CITY OF BIRTH:	CITY OF BIRTH: COUNTY OF BIRTH:			COUNTRY OF BIRTH:		
BIRTH RECORD DETAILS	PARENT/MOT	HER FIRST NAME(S):	PARENT/MOTHER MIDDLE NAME(S):		PARENT/MOTHER LAST NAME(S): (PRIOR TO FIRST MARR		T NAME(S): (PRIOR TO FIRST MARRIAGE)		
BIRT	PARENT/FATH	ER FIRST NAME(S):	PARENT/FATHER MIDDLE NAME(S): P			PARENT/FATHER LAST NAME(S):			
	I declare under penalty of perjury under the laws of the state of Washington that the information I have provided is true and correct. Further, be advised that willfully providing a false statement to vital records for a certificate is a gross misdemeanor under Washington law, RCW 70.58A.590(2).								
SIG	SIGNATURE (APPLICANT) DATE SIGNED: (MM/DD/YYYY)								
	UVISA UMASTERCARD CARD NUMBER: SECURITY CODE: EXPIRATION DATE:								
СН	CHIP CARD: YES/NO CARD HOLDER ZIP CODE:								

FEES: Check the box to select order type	then enter	the	quantity	/.	
☐ Total number of certificates	:	×	\$25	=	
SHIPPING: (expedited shipping does NOT	mean expedi	ted	process	ing)	
☐ Shipping and handling		x	\$4.50	=	
TOTAL AMOUNT DUE (ADD THE FEE AMOUNT + SHIPPING FOR TOTAL DUE)					

	FOR OFFICE USE ONLY				
□CALLED	DATE:	INITIALS:			
□EMAILED	DATE:	INITIALS:			
□LETTER SENT	DATE:	INITIALS:			



WASHINGTON STATE VITAL RECORDS ACCEPTABLE PROOFS OF IDENTITY DOCUMENTATION

One of the following government issued documents (must contain photo, full name, and date of birth) that is current or expired less than 60 days:

- Washington State enhanced driver's license (EDL), driver's license (DL), permit, or identification (ID) card
- Out-of-state enhanced driver's license (EDL) or REAL ID license, driver's license
 (DL) or identification (ID) card
- U.S. passport or card
- Consulate card
- Foreign passport, driver's license, or ID card
- Permanent resident card
- Tribal membership or enrollment ID card from a federally recognized Indian tribe
- US Immigration or naturalization papers
- U.S. Bureau of Indian Affairs ID card
- U.S. Certificate of Citizenship or Naturalization
- U.S. Citizenship and Immigration Service ID
- I-571 U.S. Refugee Travel Document
- US alien registration card
- I-327 U.S. Permit to Re-Enter Travel Document
- I-766 Employment Authorization
- NEXUS, SENTRI, or FAST border crossing card
- U.S. Merchant Mariner's card
- U.S. B1/B2 Visa Border Crossing Card (Form DSP-150)

OR

At least two alternative documents (must contain matching first and last names and addresses, or in combination contains full name, date of birth, and photograph):

- Any of the government issued identity documents listed above, if expired more than 60 days or does not contain a photograph
- Adoption court order or decree
- Auto insurance policy
- Business mail from state or federal agency dated within 2 months
- Company identification card
- Current student body card (high school students only)
- DSHS benefits letter indicating unexpired benefits (medical, food, etc.)
- Home utility bill for Washington address (gas, electric, water, garbage, sewer, landline phone, TV, internet, ISTA) dated within the past 2 months
- Individual Tax Identification Number (ITIN) letter from Internal Revenue Service (IRS)

Page 1 of 2

Acceptable Proofs of Identity Documentation Continued

- Letter attesting residence in alternative housing (e.g. assisted living, college campus, shelter, mission, senior housing, or retirement home) on company letter head with a phone number that could be used in verification of the facility
- Letter from a government agency that you're an employee of and that we have an agreement with (contact your supervising agency and have them send us the letter)
- Letter from DCYF Children's Administration for foster youth
- Medical or hospital card of identification
- Medicare card (not a DSHS medical card)
- Monthly bank account statement (Document must be no more than 30 days old)
- Moorage document (bill, contract, etc.)
- Official corrections department or parole papers
- Official papers issued by courts of record which include date of birth
- Pay check or pay stub with the employer's name and phone number or address (Document must be no more than 30 days old)
- Personalized check or savings account passbook
- Police employee card issued by Washington city or county
- Pre or post-natal care records
- Proof of home ownership (mortgage documents, property tax documents, deed, title, insurance policy, etc.)
- School transcript or records, or Forms I-20 or DS-2019 for foreign exchange students
- School yearbook or copy certified by the school with recognizable photo (high school students only)
- Social Security card
- State hunting or fishing license
- State or Federal government employee badge with photo
- Tax statements W-2 forms, 1099, etc.
- Transportation Worker Identification Credential (TWIC)
- Tribal membership or enrollment ID card from a federally recognized Indian tribe (without photo)
- U.S. military document issued within 1 year, selective service card, or military discharge paper
- Unexpired concealed weapons permit issued by federal, state, or municipal government
- Unexpired professional license (nurse, physician, engineer, pilot, etc.)
- Union membership card
- Valid food stamp, welfare, or unemployment identification
- Veteran Administration Identification
- Voter registration card issued by a county elections department
- Ward of the Court decree/Order of Dependency
- Washington vehicle registration or title (a quick title isn't acceptable)