

Complete this chart wit

Department of		Paternal grandfather:	Paternal great grandfather:
Correct	tions	r atomai grandiatnor.	Tribe(s):
WASHINGTO	N STATE	Tribe(s):	Date of birth:
Complete this ch	art with as much information as you know.		Place of birth: Enrollment #:
		Date of birth:	Enforment #.
	Fath an	Place of birth:	Paternal great grandmother:
	Father:		Tribe(s):
	Tribe(s):	Enrollment #:	Date of birth:
	5		Place of birth: Enrollment #:
	Date of birth:		Elliolinicht #.
	Place of birth:		Paternal great grandfather:
		Data was discording at the co	Tribe(s):
	Enrollment #:	Paternal grandmother:	Date of birth:
		Tribe(s):	Place of birth: Enrollment #:
			Emolinent#.
Name:		Date of birth:	Paternal great grandmother:
DOC #:		Diago of hirth:	Tribe(s):
Current facility:		Place of birth:	Date of birth:
Tribe(s):		Enrollment #:	Place of birth:
			Enrollment #:
	-		Maternal great grandfather:
Place of birth:			Tribe(s):
Enrollment #:		Maternal grandmother:	Date of birth:
Is requester adopted? ☐ Yes ☐ No		Tribe(s):	Place of birth:
Are requester's parents adopted? ☐ Yes ☐ No		Tribe(s).	Enrollment #:
		Date of birth:	Maternal great grandmother:
		,	Tribe(s):
		Place of birth:	Date of birth:
	Mother:	Enrollment #:	Place of birth:
	Tribe(s):		Enrollment #:
			Maternal great grandfather:
	Date of birth:		Tribe(s):
	Place of birth:	Maternal grandfather:	Date of birth:
		Tribe(s):	Place of birth:
	Enrollment #:	Tribe(s).	Enrollment #:
		Date of birth:	Maternal great grandmother:
		51	Tribe(s):
		Place of birth:	Date of birth:
		Enrollment #:	Place of birth:
Distribution: OR	PIGINAL - File COPY - Office of Tribal Relations	"	Enrollment #:

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FAMILY ANCESTRY CHART