

Complete this chart wit

Department of Corrections WASHINGTON STATE Complete this chart with as much information as you know.		Paternal grandfather:	Paternal great grandfather: _ Tribe(s): Date of birth:
		Tribe(s):	Place of birth:
		Date of birth:	Enrollment #:
	Father:	Place of birth:	Paternal great grandmother:
	Tribe(s):	Enrollment #:	Date of birth: Place of birth:
	Date of birth:		Enrollment #:
	Place of birth:		Paternal great grandfather: _ Tribe(s):
	Enrollment #:	Paternal grandmother:	Date of birth:
		Tribe(s):	Place of birth: Enrollment #:
Name:		Date of birth:	Paternal great grandmother:
DOC #:		Place of birth:	Tribe(s):
Current facility:			Date of birth:
Tribe(s):		Enrollment #:	Enrollment #:
Place of birth:			Maternal great grandfather:
Enrollment #:		Maternal grandmother:	Tribe(s):
Is requester adopted? Yes No		Waternal grandmother.	Date of birth: Place of birth:
		Tribe(s):	Enrollment #:
Are requester's parents adopted? ☐ Yes ☐ No		Date of birth:	Maternal great grandmother
		Place of birth:	Tribe(s):
	Mother:	Enrollment #:	Place of birth:
	Tribe(s):	Emoliment #.	Enrollment #:
			Maternal great grandfather:
	Date of birth:		Tribe(s):
	Place of birth:	Maternal grandfather:	Date of birth:
	Trace of birtin.	Trib o/o\:	Place of birth:
	Enrollment #:	Tribe(s):	Enrollment #:
		Date of birth:	
		Place of birth:	Tribe(s): Date of birth:
		Enrollment #:	Place of birth:

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The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Enrollment #:

FAMILY ANCESTRY CHART