



The Confederated Tribes of the Grand Ronde Community of Oregon

Enrollment/ Vital Statistics

Phone (503) 879-2253 or (503) 879-1358

1-800-422-0232

Fax (503) 879-2480

9615 Grand Ronde Road

Grand Ronde OR 97347

DNA/PARENTAGE TEST REQUEST
CTGR ENROLLMENT

I _____ request DNA/PARENTAGE testing as proof of parentage in accordance. With the CTGR Enrollment Ordinance. I am listing the individuals to be tested as follows:

Tribal
Parent(s): _____ Roll# _____

CHILD: _____ Roll# _____

NAME: _____ DOB _____

NAME: _____ DOB _____

I hereby agree that I will be responsible of any no-show fees from GenQuest©, if I fail to make any appointment that I agree to attend.

Signature _____ Date _____

Address and Phone# _____ Alternate Phone# (required) _____

If child resides at different address, please list below:

Address and Phone # _____ Alternate Phone# (required) _____

OFFICIAL OFFICE USE ONLY

Previous DNA on file Yes No Case# _____ Date tested _____

Authorized Signature CTGR Staff _____ Date _____