



FAMILY TREE FORM

Name: _____ Roll #: _____

Maiden name (if applicable): _____ D.O.B: _____

TYPE OF REPORT

- Kinship Report** ~ List of connections by blood, marriage, or adoption; family relationship.
- Ancestor** – Begins with your earliest ancestors and finishes with you.
- Descendancy** – Descendant or lineage from your earliest descendant and includes your extended family. (Due to large families, we may have to limit information)

WHICH SIDE OF THE FAMILY WOULD YOU LIKE INFO FOR?

(Note: Enrollment only keeps records of Tulalip Tribal Members)

- Mother's Side**
- Father's Side**
- Both**
(This choice is only if both parents are Tulalip Tribal members)

INFORMATION YOU WANT INCLUDED ON THE FAMILY TREE:

(Check all that apply)

- Birthdates**
- Death dates**
- Marriage Dates**
- Age at birth of first/last child**

WHEN YOUR FAMILY TREE IS FINISHED:

MAIL IT OUT TO YOU?

(Please provide a mailing address)

YOU WILL PICK IT UP?

(Please provide a phone# I can reach you at to call you when its done)

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NOTE: If you want information added on to your family tree that we don't have on record feel free to bring down any documentation and it will be added into our systems.

SIGNATURE

DATE

_____ Completed By	_____ Date
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