



Date: _____

Descendancy Verification Form

The Snoqualmie Tribal Council hereby certifies that _____, further identified below, is the biological descendant of _____, an enrolled Snoqualmie Tribal Member, enrollment number _____.

The Snoqualmie Tribal Council further certifies that the aforementioned enrolled Snoqualmie Tribal Member is (*check all that apply*):

- Listed on the 2004 base roll as enrolled or deceased.
- Eligible for services based on the most recent Tribal service list.

Signed,

Tribal Secretary

Descendant Name: _____

Birth Date: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number: _____