

GABRIELINO-TONGVA TRIBAL COUNCIL

501 Santa Monica Blvd., Ste. 500

Santa Monica, CA 90401-2430

Phone: (310) 587-2203

Fax: (310) 587-2281

Please attach a copy of certificates and forward with this form. Fill in as much information as possible, but all blanks need not be filled in.

Name _____

Birthday _____

Home Address _____

City _____ *State* _____ *Zip* _____

Phone _____ *Fax* _____

Cell Phone _____ *Pager* _____ *E-mail* _____

Business Address _____

City _____ *State* _____ *Zip* _____

Phone _____ *Fax* _____

BIA Certificate

Ancestor _____ *Relationship* _____

Ancestor Roll # _____ *Roll* _____ *Quantum fraction* _____

Birth Certificate # _____ *City, State* _____

Mother _____ *Father* _____

Passport Number _____

I authorize you to research our family history.

Date _____

Signature

Please Print Name