

# Confederated Tribes of Siletz

## INSTRUCTIONS FOR NAME CHANGE FORMS

### PART I

- ❖ Read the Name Change Ordinance

<http://www.ctsi.nsn.us/uploads/downloads/Ordinances/Name%20Change%20Ordinance%2010-20-2017.pdf>

- ❖ Complete the appropriate form for **Siletz Tribal Court Records Information**, and petition (petition must be notarized)
- ❖ **File the forms** in Tribal Court by faxing, mailing or bringing, in person, along with the **\$50.00 filing fee**
- ❖ When the forms are filed, a **Hearing Date will be set**; you will receive a **Notice of Hearing for Change of Name** that will need to be signed and the original returned to Tribal Court
- ❖ Once the Notice of Hearing for Change of Name is signed, post two copies of the **Notice of Hearing for Change of Name** in two public places for 14 days
- ❖ Complete the **Affidavit of Posting Notice of Hearing** after the 14 days have passed (affidavit must be notarized)
- ❖ **File the Affidavit** in Tribal Court by fax, mail, or you may file it in Tribal Court on the day of your hearing

### PART II

- ❖ After the hearing, if your name change is granted, post the Notice of Name Change Decree for 14 days in a public place.
- ❖ File the Affidavit of Posting Name Change Decree in Tribal Court by fax, mail or in person.
- ❖ A Certified copy of the Decree of Name Change will be mailed to you after the 14 days have passed, and you have filed the Affidavit of Posting Name Change Decree in Siletz Tribal Court.
- ❖ You are responsible after receiving your certified copy of Decree to contact agencies necessary to change your personal documents such as social security card, driver's license, etc. Tribal Court will forward a certified copy to the Enrollment Department of the Confederated Tribes of Siletz Indians of Oregon.

If you have any questions, please contact Tribal Court at 1-800-922-1399 ext. 1228.



**TRIBAL COURT OF THE  
CONFEDERATED TRIBES  
OF SILETZ INDIANS OF  
OREGON**

**COURT RECORDS FORM  
FOR PETITIONER FILING  
REQUEST FOR NAME CHANGE FOR A MINOR CHILD**

**Court Address**  
P.O. Box 549, Siletz, OR 97380  
201 SE Swan Ave. Siletz, OR 97380

**Court telephone no.**  
(800) 922-1399  
(541) 444-8228  
(541) 444-8270 Fax

TRIBAL COURT CASE # \_\_\_\_\_ (this will be assigned by the Tribal Court Staff when petition is filed)

**Petitioner(s) Information:**

Name (current): \_\_\_\_\_  
Last Middle Initial First

Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Address (mailing and physical): \_\_\_\_\_  
\_\_\_\_\_

I am a member of the Confederated Tribes of Siletz Indians of Oregon, Roll Number \_\_\_\_\_

I am not a member of the Confederated Tribes of Siletz Indians of Oregon; I voluntarily submit to the jurisdiction of the Siletz Tribal Court.

I have read the Name Change Ordinance.

My relationship to Minor Child for whom I am filing a Petition for Change of Name: \_\_\_\_\_

**Minor Child's Information:**

Name of Minor Child DOB: Tribe Roll #

Current Address of Child \_\_\_\_\_

Name of Mother: \_\_\_\_\_  
Tribe Roll #

Mailing address and Phone Number of Mother: \_\_\_\_\_

Name of Father: \_\_\_\_\_  
Tribe Roll#

Mailing address and Phone Number of Father: \_\_\_\_\_

I swear that the above statements are true and made in good faith.

Applicant(s) Name, Print Name, and Sign Name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**TRIBAL COURT OF THE  
CONFEDERATED TRIBES  
OF SILETZ INDIANS OF  
OREGON**

**PETITION FOR NAME CHANGE  
(MINOR)**

**CASE NO.**

Court Address  
P.O. Box 549, Siletz, OR 97380  
201 SE Swan Ave. Siletz, OR 97380

Court telephone no.  
(800) 922-1399  
(541) 444-8228  
(541) 444-8270 Fax

**IN THE MATTER OF A PETITION TO CHANGE OF NAME OF A MINOR CHILD:**

**FROM** \_\_\_\_\_  
Name of Minor Child DOB Siletz Tribal Roll #

**TO:** \_\_\_\_\_

A Minor Siletz Indian Child Under the Age of 18 Years Old

Petitioner(s) Name and Address; Relationship to Minor Child

Respondent(s) Name and Address

Petitioner hereby requests a hearing on Petition to change name of Minor Child from \_\_\_\_\_

to \_\_\_\_\_. This name change is not requested for any

purpose inconsistent with the public interest. **Reason for request:**

\_\_\_\_\_  
Signature of Petitioner for Minor Child

\_\_\_\_\_  
Petitioner(s) Name (type or print)

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

ss.

I, \_\_\_\_\_, being first sworn on oath depose and say that I am the Petitioner for the change of name of Minor Child in this case; I have prepared the preceding petition, know its contents, and I believe it to be true.

\_\_\_\_\_  
Signature of Petitioner for Minor Child

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
Notary Public for the State of Oregon

\_\_\_\_\_  
Notary Signature  
My Commission expires: \_\_\_\_\_



**TRIBAL COURT OF THE  
CONFEDERATED TRIBES  
OF SILETZ INDIANS OF  
OREGON**

**CONSENT TO JURISDICTION OF THE  
SILETZ TRIBAL COURT**

**CASE NO.**

**Court Address**  
P.O.Box 649, Siletz, OR 97380  
201 SE Swan Ave. Siletz, OR 97380

**Court telephone no.**  
(800) 922-1399  
(541) 444-8228

State of Oregon                    )  
                                                  )  
County of \_\_\_\_\_            )  
\_\_\_\_\_                                    )

ss

I, \_\_\_\_\_, mother to the minor, \_\_\_\_\_, consent  
to the jurisdiction of the Siletz Tribal Court for the purpose of a name change.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Date

Subscribed to and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public for State of Oregon

\_\_\_\_\_  
My Commission Expires



**TRIBAL COURT OF THE  
CONFEDERATED TRIBES  
OF SILETZ INDIANS OF  
OREGON**

**CONSENT TO JURISDICTION OF THE  
SILETZ TRIBAL COURT**

**CASE NO.**

**Court Address**  
P.O. Box 549, Siletz, OR 97380  
201 SE Swan Ave. Siletz, OR 97380

**Court telephone no.**  
(800) 922-1399  
(541) 444-8228

State of Oregon                    )  
                                                  )  
County of \_\_\_\_\_            )  
\_\_\_\_\_                                    )

ss

I, \_\_\_\_\_, father to the minor, \_\_\_\_\_, consent  
to the jurisdiction of the Siletz Tribal Court for the purpose of a name change.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Date

Subscribed to and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public for State of Oregon

\_\_\_\_\_  
My Commission Expires