TRIBAL RESOLUTION

NATIVE VILLAGE OF	RESOLUTION NO.
THIS DOCUMENT VALID FOR	R USE ONLY IN THE STATE OF ALASKA
WHEREAS, the Native Village of	is the
tribe of	: and
(name	; and e of child at birth)
WHEREAS, the Native Village of	has recognized
the adoption of	of child at birth) by
(name	
(name of ado	and ptive parent or parents)
WHEREAS, the adoptive parents wish to ha	
The rest of the despute parente then to he	to reflect this adoption;
(name of child following adoption	
NOW THEREFORE BE IT RESOLVED THA	_
NOW THEREFORE BE IT RESOLVED THA	(name of tribal official)
,	necessary for the purposes of obtaining a new birth
certificate for said child.	
Done by Council action this day o	f, 20
CERT	TIFICATION
I,	, the Secretary of the Village Council
for the Native Village of	
	a quorum of the Village Council of the Native
	was formed, and passed the above resolution
by voting in favor and	
by voting in lavor and	ayamsi me measure.

Secretary

REQUEST FOR A NEW BIRTH CERTIFICATE FOLLOWING A CULTURAL ADOPTION

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
BUREAU OF VITAL STATISTICS
P.O. BOX 110675
JUNEAU, ALASKA 99811-0675

FOR BUREAU OF VITAL STATISTICS' USE ONLY
STATE FILE NO.
DATE FILED
BIRTH CERTIFICATE NO.

	Is this child in state custody? Yes No								
	THIS DOCUMENT VALID FOR USE OF 1. CITY, TOWN, OR VILLAGE WHERE CHILD LIVED WHEN ADOPTION OCCURRED							ASKA RECOGNIZING ADOPTION	
	NAME OF CHILD AFTER ADOPTION (first) (middle)				(last)				
CHILD	4. NAME OF CHILD AT BIRT	(middle)	(middle)		(last)	(last)			
	5. DATE OF BIRTH		6. PLACE OF	6. PLACE OF BIRTH		7. SEX		8. RACE	
	9. NAME OF CHILD'S VILLAG	L				10. NUMBER OF PERSONS ADOPTING 1 2			
PART I Information				(last)					
on the original birth record	12. FATHER'S RACE	R'S VILLAGE, TRIBE, C	LAGE, TRIBE, OR COUNCIL			14. SOCIAL SECURITY NUMBER			
	15. BIOLOGICAL MOTHER'S	NAME (first)			(middle)				
	(maiden – LAST NAME ON MOTHER'S BIRTH CERTIFICA			TE) (last)			_		
	16. MOTHER'S RACE	17. NAME OF MOTHE	ER'S VILLAGE, TRIBE,	OR COUNCIL		18. SOCIAL S	SECURITY NU	MBER	
		PLEASE ENTER INFO	DRMATION BELOW A	S IT IS TO APP	EAR ON THE NEW				
PART II	19. FATHER'S NAME (first)		(middle)	(middle)		(last)	(last)		
Father	20. FATHER'S DATE OF BIRTH		21. STATE O	21. STATE OF BIRTH		22. RACE	22. RACE		
□ Adoptive□ Biological	23. NAME OF FATHER'S VIL	NCIL	24. SOCIAL SECURITY NUM			<u> </u> BER			
Mother	25. MOTHER'S NAME (first) (middle)		e)	(last)			(maiden)		
□ Adoptive□ Biological	26. MOTHER'S DATE OF BIRTH		27. STATE O	27. STATE OF BIRTH		28. RACE	28. RACE		
- Biological	29. NAME OF MOTHER'S VII	NCIL	30. SOCIAL SECURITY NUME		JRITY NUMBER	BER			
	31. PHYSICAL ADDRESS AT TIME OF THIS BIRTH			(City / Town)			(State)		
	32. CURRENT MAILING ADD	ARENTS (C			(State)	e) 33. TELEPHONE NUMBER			
	34. SIGNATURE OF ADOPTI	ING ITEMS #19-33							
CERTIFICATION	I hereby certify that this adoption was recognized under the custom of the tribe. 35a. SIGNATURE AND SEAL OF TRIBAL AUTHORITY			e.	35b. PRINT/TYPE NAME OF PERSON SIGNING FOR VILLAGE OR TRIBE				
	36a. DATE SIGNED			36b. POSITION IN TRIBE			37	7. TELEPHONE NUMBER	

PARENTAL STATEMENT

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
BUREAU OF VITAL STATISTICS
P.O. BOX 110675
JUNEAU, ALASKA 99811-0675

THIS DOCUMENT VALID FOR USE ONLY IN THE STATE OF ALASKA

I certify that I am the biological mother/father of	
recruity that I am the biological mother/hather of	(name of child at birth)
This child is an Indian child as defined in 25 U.S.C. 1903 (4	,
biological child of a member of and is eligible for membersh	nip in
as defined in 25 U.S.C. 1903 (5). This child has been adop	ted, under the custom of the child's tribe.
The adoptive parent(s) are:	
(name of adoptive mother)	(name of adoptive father)
BIOLOGICAL MOTHER	
I certify under penalty of perjury that the foregoing is true.	
Biological Mother's Signature	
Mailing Address	Notary Seal
City, State, Zip	
NOTARY	
Subscribed and sworn to (or affirmed) before me at	
on the day of	20
(Signature of notary)	My commission expires:
BIOLOGICAL FATHER	
I certify under penalty of perjury that the foregoing is true.	
Biological Father's Signature	
Mailing Address	
City, State, Zip	Notary Seal
NOTARY	
Subscribed and sworn to (or affirmed) before me at	
on the day of	, 20
	My commission expires:
(Signature of notary)	

TRIBAL STATEMENT

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
BUREAU OF VITAL STATISTICS
P.O. BOX 110675
JUNEAU, ALASKA 99811-0675

THIS DOCUMENT VALID FOR USE ONLY IN THE STATE OF ALASKA I affirm that ______, who is a member of, or is the biological _____, who is a member of, or is the biological is an Indian child as defined under 25 U.S.C. 1903(4), and has been adopted under tribal custom and the tribe has not been informed of any person or agency other than the adoptive parents who is asserting claim to custody under state or tribal law. The biological parents of _____ (name of child) (name of mother) (name of father) The adoptive parents are _____ and ____ and ____ (adoptive father) (Complete only if one or both biological parents are unable to sign parental statement.) The biological mother did not sign the PARENTAL STATEMENT because: ☐ She is deceased. ☐ She knew or had notice of the adoption at the time it occurred, but could not be contacted through reasonable means. □ Not applicable (the biological mother signed the parental statement). The biological father did not sign the PARENTAL STATEMENT because: ☐ He is deceased. ☐ He knew or had notice of the adoption at the time it occurred, but could not be contacted through reasonable means. □ Not applicable (the biological father signed the parental statement). I certify under penalty of perjury that the foregoing is true. (print or type name of tribal official) Signed ______(signature of tribal official) Mailing Address

AFFIX TRIBAL SEAL OR RESOLUTION

City, State, Zip

DESCRIPTIVE INFORMATION REGARDING BIOLOGICAL PARENTS

	41VIE	DATE OF BIRTH				
	Age	e of Biological Parents				
	A.	MOTHER, at the time of this birth:				
	B.	FATHER, at the time of this birth:				
I.	Heri	itage of Biological Parents				
	A.	National Origin/Race of MOTHER				
	B.	National Origin/Race of FATHER				
	C.	Ethnic Background/Countries of Origin				
		1. MOTHER				
		2. FATHER				
	D.	Tribal Membership				
		1. MOTHER				
		2. FATHER				
	A.					
		MOTHER B. FATHER Blood Type Blood Type				
		Blood Type Blood Type Childhood Diseases Childhood Diseases				
		Blood Type Blood Type				
		Blood Type Blood Type				
		Blood Type Blood Type Childhood Diseases Childhood Diseases				
	B.	Blood Type Blood Type Childhood Diseases Childhood Diseases				
	B.	Blood Type Blood Type Childhood Diseases Childhood Diseases Allergies Allergies				
	B.	Blood Type Blood Type Childhood Diseases Childhood Diseases Allergies Allergies				

IV.	Scho	Schooling of Biological Parent						
	A.	MOTHER:	Elementary or Se	econdary (0-12) College (1-4)				
	B.	FATHER:	Elementary or Se	econdary (0-12) College (1-4)				
٧.	Phys	Physical Description of Biological Parent(s) on Day of Child's Birth						
	A.	MOTHER	В.	FATHER				
		Height		Height				
		Weight		Weight				
			es					
		Color of Ha	ir	Color of Hair				
		Color of Ski	in	Color of Skin				
VI.	Othe	r Children						
	A.	The numbe	r of other children b	oorn to the MOTHER				
	B.	The number of other children born to the FATHER						
/II.	Were	Were Biological Parents Alive at Time of Adoption?						
	A.	MOTHER	В.	FATHER				
		Yes	No	Yes No				
/III.	Religious Preference of Biological Parents							
	A. Mo	A. MOTHER						
	B. FA	THER						
Χ.	Spec	Special Information such as pictures, letters, statements, etc.						
	A.	From MOTI	HER					
	B.	From FATH	IER					

State Registrar
Bureau of Vital Statistics
5441 Commercial Blvd
Juneau, Alaska 99801