

Alaska Regional Office

Bureau of Indian Affairs
Enrollment Department

3601 C. Street
Suite 1200
Anchorage, AK 99503

907-271-4477 or toll free at 1-800-645-, press 1
Fax 907-271-4090
Hours of Operation 7:30 AM- 3:45 PM Mon-Fri

INSTRUCTIONS FOR COMPLETING THE REQUEST FOR CDm

List your first, middle and last name. Then list any other name(s) you are known by, such as your maiden name, prior married name(s), nick name or name at the time of original enrollment. If your current name does not appear on the ANCSA Roll, we will request that you submit additional documentation such as adoption decree, marriage or divorce decree, legal name change document or marriage license. ALL PERSONS 18 YEARS OF AGE OR OLDER MUST REQUEST A CDffi AND SIGN FOR THEMSELVES.

After you list your current mailing address, birth date, social security number, and telephone number. Provide an original state issued birth certificate and social security card (if you were born after 12/18/1971, and/or not enrolled to an ANCSA corporation). List the name and/or other names of your biological parents (who are Alaska Native. Include their birth date, social security number and the Alaska Native Regional Corporation in which they are enrolled.)

The information in the CDIB is confidential and cannot be released without your written authorization. At the bottom of the CDIB request application is an INFORMATION RELEASE AUTHORIZATION SECTION. If you would like the BIA to provide a copy of your CDIB to any person or organization you must write their name and address on the line provided. IF YOU DO NOT WANT A COPY RELEASED TO ANY PERSON OR ORGANIZATION, LEAVE liDS SECTION BLANK.

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT

1. The authority for solicitation of the information on this form is 25 U.S.C 2.25; U.S.C 9 and 25 U.S.C. 13.
2. Disclosure of the requested information by the applicant is voluntary, but is a requirement in order to receive a Certificate Degree of Indian Blood.
3. The purpose of this information collection is to determine eligibility for Services available to persons of Indian Blood.
4. The information GIVEN BY the applicant on this form will be used by personnel of the Department of the Interior to determine the applicanfs degree of Indian blood. The information will be considered confidential and will be a part of the records of the office where filed. THE contents may be routinely disclosed by authorized personnel, Congress, Department of Justice and to other appropriate agencies.
5. Not providing the information requested will result in the applicant not being able to receive a Certificate Degree of Indian Blood and therefore, not eligible to participate in the services and benefits available to American Indians, Aleuts and Eskimos because of their status as Indians.

QUESTIONS? PLEASE CONTACT BUREAU OF INDIAN AFFAIRS AT:

WEST-CENTRAL ALASKA
Enrollment Office
360I C Street, Suite 1100
Anchorage, AK 99503
(907) 271-1745
(907) 271-3517
(907) 271-3519
(907) 271-4090 FAX

FAIRBANKS AGENCY
Federal Bldg & Courthouse
101-12th Avenue, Unit 16
Fairbanks, AK 99701
(907) 456-0522

(907) 456-0826 FAX

ALASKA REGIONAL OFFICE
Tribal Government Services
P.O. Box 25520
Juneau, AK 99802-5520
(907) 586-7635

(907) 586-7064 FAX

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS**

West-Central Alaska Field Office
3601 "C" Street, Suite 1100
Anchorage, Alaska 99503-5947

1 800-M5-8465, (907) 271-3519,3517

STEPS TO GET A CERTIFICATE DEGREE OF INDIAN BLOOD (CD/B)

IF YOU ARE ADOPTED NEED TO HAVE THESE PAPERS:
ORIGINAL BIOLOGICAL BIRTH CERTIFICATE
ORIGINAL ADOPTION BIRTH CERTIFICATE
ORIGINAL ADOPTION DECREE
COMPLETED APPLICATION WITH BIOLOGICAL ALASKA NATIVE PARENT (S)
INFORMATION

IFYOUAREADESCENDANT YO!! NEED TO HAVE THESE PAPERS:
ORIGINAL BIOLOGICAL BIRTH CERTIFICATE
ENROLLED ALASKA NATIVE PARENT(S) INFORMATION
COMPLETED APPLICATION

IF YOU ARE ALREADY ENROLLED NEED TO PROVIDE THIS INFORMATION:
BIRTH DATE
SOCIAL SECURITY NUMBER
PHONE NUMBER
ANCSA REGIONAL CORPORATION NAME TO WHICH YOU'RE ENROLLED
FULL NAME AND ANY NAMES YOU HAVE HAD DURING THE ORIGINAL
ANCSA ENROLLMENT
COMPLETED APPLICATION

HELPFUL INFORMATION

IF YOU ARE AMERICAN INDIAN:

YOU WILL HAVE TO GET IN TOUCH WITH YOUR HOME AGENCY OR OFFICE NEAREST YOUR TRIBE CALL THE BIA OFFICE AT 1800 645-8465 AND YOU WILL RECEIVE TELEPHONE CONTACT NUMBERS FOR YOUR TRIBE OR AFFILIATION).

THIS FIELD OFFICE ISSUES CERTIFICATE DEGREES OF INDIAN BLOOD FOR ENROLLED ALASKA NATIVES AND THEIR DESCENDANTS UNDER THE ALASKA NATIVE CLAIMS SETTLEMENT ACT OF 1971.

IF THE REQUIRED PAPERWORK AND DOCUMENTS ARE NOT SUBMITTED AT THE TIME OF THE REQUEST. THE APPLICATION IS RETURNED TO YOU TO PROVIDE THE NECESSARY PAPERS.

IF YOU WERE BORN AFTER DECEMBER 18, 1971:

		/ YOU		<u>YOUR CHILD</u>	
1969	1970	1971/	1972	1994	1995

- A. YOU MUST HAVE YOUR ORIGINAL STATE ISSUED BIRTH CERTIFICATE
- B. YOUR CHILD'S ORIGINAL STATE ISSUED BIRTH CERTIFICATE
- C. FOR YOUR ALASKA NATIVE PARENT(S)
 - 1) NAME/OTHER/MAIDEN
 - 2) DATE OF BIRTH
 - 3) SOCIAL SECURITY NUMBER
 - 4) ANCSA REGIONAL CORPORATION NAME

A DESCENDANT IS DEFINED AS A CHILD BORN TO AN ENROLLED ALASKA NATIVE PARENT(S) ENROLLED IN A CORPORATION ESTABLISHED UNDER THE ALASKA NATIVE CLAIMS SETTLEMENT ACT OF 1971

IF THE NAME OF THE ALASKA NATIVE PARENT IS NOT LISTED ON MY CHILD'S ORIGINAL STATE ISSUED BIRTH CERTIFICATE:

YOU MUST PRESENT AN ORIGINAL COMPLETED, NOTARIZED AFFIDAVIT OF PATERNITY TO THE BUREAU OF VITAL STATISTICS IN JUNEAU, ALASKA. AFTER IT IS PROCESSED. AN AMENDED BIRTH CERTIFICATE WILL BE ISSUED. YOU THEN NEED TO SUBMIT THIS TO THE BIA ENROLLMENT OFFICE FOR FURTHER PROCESSING. A CERTIFICATE DEGREE OF INDIAN BLOOD FOR THE CHILD OR CHILDREN WITH THE ALASKA NATIVE PARENT BLOOD QUANTUM WILL THEN BE ISSUED.

THIS ENROLLMENT OFFICE WILL ONLY ACCEPT AN ORIGINAL STATE ISSUED BIRTH CERTIFICATE WITH THE ALASKA NATIVE PARENT(S) NAME LISTED.

NO EXCEPTIONS

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS**

West-Central Alaska Field Office
3601 • C • Street, Suite 1100
Anchorage, Alaska 99503-5947
1 800-645-8465

Are you adopted?

AT THE TIME OF ORIGINAL (ANCSA) ENROLLMENT: LIST YOUR MAIDEN NAME AND/OR NAMES YOU WERE KNOWN BY. *ALASKA NATIVE CLAIMS SETTLEMENT ACT OF 12/18/1971*

NAME: _____	BIRTHDATE: _____
ADDRESS: _____	SSN: _____
TELEPHONE: _____	

	BIOLOGICAL MOTHER	BIOLOGICAL FATHER
PARENTS:	_____	_____
DATE OF BIRTH:	_____	_____
SOCIAL SECURITY NUMBER:	_____	_____
REGIONAL CORPORATION Enrolled in:	_____	_____

	ANCSA ENROLLED BIOLOGICAL GRANDMOTHER	ANCSA ENROLLED BIOLOGICAL GRANDFATHER
GRANDPARENTS:	_____	_____
DATE OF BIRTH:	_____	_____
SOCIAL SECURITY NUMBER:	_____	_____
REGIONAL CORPORATION	_____	_____

AUTHORIZATION IS HEREBY GRANTED TO THE BUREAU OF INDIAN AFFAIRS TO PROVIDE A COPY OF MY CERTIFICATE OF INDIAN BLOOD (CDIB) TO THE NAME ADDRESS AND /OR FAX NUMBER OF ORGANIZATION TO WHICH THE CDIB IS TO BE SENT.

Organization:		
Address:	Qawalangin Tribe of Unalaska	Phone: (907) 581-2920
City, State, Zip:	P.O.Box 334	Fax: (907) 581- 3644
	Unalaska, Alaska 99685	

SIGNATURE: _____
APPLICANT/GUARDIAN

DATE _____

BUREAU OF INDIAN AFFAIRS
CERTIFICATE OF DEGREE OF INDIAN OR ALASKA NATIVE BLOOD
INSTRUCTIONS

All portions of the Request for Certificate of Degree of Indian or Alaska Native Blood (CDffi) must be completed. You must show your relationship to an individual Indian listed on an Indian census roll, tribal base roll, Indian judgment fund distribution roll (Roll) that includes Indian blood degrees, or other document prepared and approved by the Secretary of the Interior (Secretary), or his/her authorized representative.

- o Your degree of Indian blood is computed from ancestors of Indian blood who were listed on a Roll or other document acceptable to the Secretary, or his/her authorized representative.
- o You must give the maiden names of all women listed on the Request for CDffi, unless they were enrolled by their married names.
- o A certified copy of a birth certificate or other official documentation is required to establish your relationship to a parent(s) listed on Roll or other document acceptable to the Secretary.
- o If your parent is not listed on a Roll or other document acceptable to the Secretary, a certified copy of your parent's birth or death certificate, or other official documentation is required to establish your parent's relationship to someone listed on such Roll. If your grandparent(s) were not listed on such Roll, a certified copy of the birth or death certificate or other official documentation for each grandparent who was the child of an enrolled member of a federally recognized Indian tribe is required.
- o Certified copies of birth certificates, delayed birth certificates, and death certificates may be obtained from the State Department of Health or Bureau of Vital Statistics in the State where the person was born or died, or from a tribal office of Vital Statistics. The Indian tribe must have a duly adopted tribal ordinance concerning the issuance of such documents.
- o In cases of adoption, the degree of Indian blood of the natural (birth) parent must be proven.
- Your request and supporting documents should be sent to the Agency from whom you receive services.
- o Incomplete requests will be returned with a request for further information. No action will be taken until the request is complete.

BUREAU OF INDIAN AFFAIRS

INDIAN UK ALASKA NATIVE BLOOD

Requester's Name (list all names by which Requester is or has been known):		Requester's Address (including zip code):		Date Received by Bureau of Indian Affairs:
Requester's Date of Birth:	Father's name:	Paternal Grandfather's Name:	Paternal Great Grandfather's Name: Tribe: Roll No: DOB: Deceased/Year ____	
Requester's Place of Birth:	Tribe:	Tribe: Roll No: DOB: Deceased/Year ____	Paternal Great Grandmother's Name: Tribe: Roll No: DOB: Deceased/Year ____	
Is Requester Adopted? DYes DNo	Roll No.:	Paternal Grandmother's Name:	Paternal Great Grandfather's Name: Tribe: Roll No: DOB: Deceased/Year ____	
	DOB:	Tribe: Roll No: DOB: Deceased/Year ____	Paternal Great Grandmother's Name: Tribe: Roll No: DOB: Deceased/Year ____	
Are Requester's Parents Adopted? DYes DNo	Deceased DYes DNo Year ____	Maternal Grandfather's Name:	Maternal Great Grandfather's Name: Tribe: Roll No: DOB: Deceased/Year ____	
If Yes, list natural (birth) parents: (Ifkno'Mt)	Mother's Name:	Tribe: Roll No: DOB: Deceased/Year ____	Maternal Great Grandmother's Name: Tribe: Roll No: DOB: Deceased/Year ____	
Tribe(s) with which Requester is enrolled:	Tribe:	Maternal Grandmother's Name:	Maternal Great Grandfather's Name: Tribe: Roll No: DOB: Deceased/Year ____	
Roll Nos:	Roll No.:	Tribe: Roll No: DOB: Deceased/Year ____	Maternal Great Grandmother's Name: Tribe: Roll No: DOB: Deceased/Year ____	
	DOB:	Maternal Grandmother's Name:	Maternal Great Grandfather's Name: Tribe: Roll No: DOB: Deceased/Year ____	
	Deceased DNo Year ____ DYes	Tribe: Roll No: DOB: Deceased/Year ____	Maternal Great Grandmother's Name: Tribe: Roll No: DOB: Deceased/Year ____	

NOTICES AND CERTIFICATION

NOTICE OF APPEAL RIGHTS.

- When you receive your CDIB, you must review it for the correct name spelling, birth dates, and blood degrees. If you believe that there are any mistakes on the CDIB, you must give a written request for corrections and provide supporting documentation to the issuing officer.
- If you are denied a CDIB, you will be given a written determination with an explanation for the denial and a copy of the appeal procedures contained in 25 CFR Part 62.

NOTICE OF PAPERWORK REDUCTION ACT.

The information collection requirement for this request has been approved by the Office of Management and Budget under the Paperwork Reduction Act of 1995, 44 U.S.C. 3507(d), and assigned clearance number 1076-0153. The agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Information is collected when individuals seek certification that they possess sufficient Indian blood to receive Federal program services based upon their status as American Indians or Alaska Natives. The information collected will be used to assist in determining eligibility of the individual to receive Federal program services. The information is supplied by a respondent to obtain a Certificate of Degree of Indian or Alaska Native Blood. It is estimated that responding to the request will take an average of 1.5 hours to complete. This includes the amount of time it takes to gather the information and fill out the form. If you wish to make comments on the form, please send them to the Information Collection Clearance Officer, Bureau of Indian Affairs, 625 Herndon Parkway, Herndon, Virginia 20170. Note: comments, names and addresses of commentators are available for public review during regular business hours. If you wish us to withhold this information, you must state this prominently at the beginning of your comment. We will honor your request to the extent allowable by law. In compliance with the Paperwork Reduction Act of 1995, as amended, the collection has been reviewed by the Office of Management and Budget, and assigned a number and expiration date. The number and expiration date are at the top right corner of the form.

NOTICE OF PRIVACY ACT STATEMENT.

This information is collected as provided pursuant to the Privacy Act, 5 U.S.C. 552a. The Bureau of Indian Affairs will not disclose any record containing such information without the written consent of the respondent unless the requestor uses the information to perform assigned duties. The primary use of this information is to certify that an individual possesses Indian blood to receive Federal program services. Examples of others who may request the information are U.S. Department of Justice or in a proceeding before a court or adjudicative body; Federal, state, local, or foreign law enforcement agency; Members of Congress; Department of Treasury to effect payment; a Federal agency for collecting a debt; and other Federal agencies to detect and eliminate fraud.

NOTICE OF EFFECTS OF NON-DISCLOSURE.

Disclosure of the information on this CDIB request is voluntary. However, proof of Indian blood is required to receive certain Federal program services.

NOTICE OF STATEMENTS AND SUBMISSIONS.

Falsification or misrepresentation of information provided on this request is punishable under Federal Law, 18 U.S.C. 1001. Conviction may result in a fine and/or imprisonment of not more than 5 years.

I request a CDIB, and certify that I have read the instructions, and above notices about my request for a CDIB. I further certify that the information which I have provided with this request to the Bureau of Indian Affairs is true and correct.

(Requester's signature)

(date)