



**Division of Family and Community Services  
INDIAN STATUS INFORMATION**

*If additional space is needed to respond, please use a separate sheet of paper and attach to this form.*

<b>Child's Full Legal Name</b>		Gender	DOB	Birthplace
Name of Person Completing Form		Relationship to Child		
Is the child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Were either of the child's biological parents adopted as a child? <input type="checkbox"/> Yes <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<p>1. To the best of your knowledge, is there any information to support that the child, you or any of your family members or ancestors (including natural family members if child or either parent is adopted), have Indian ancestry are enrolled/registered members of a federally-recognized tribe, eligible for membership or do you/they possess a certificate proving degree of Indian/Alaskan blood?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>If Yes, complete the section below for the child and all other ancestors.</b></p> <p><i>Note: The term "tribe" includes Indian tribes, bands, nations, and Alaska Native villages, corporations located in the United States of America.</i></p>				
Name	Date of Birth/Death	Relationship to Child	Tribe/Band/Village/ Corporation Affiliation and Location	Enrollment #? Registration #? Certificate?
<p>2. Have you or any family member ever lived on or near federal trust land, an Indian reservation or rancheria, or in a pueblo or Alaska Native village? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>If Yes, complete the section below.</b></p>				
Name	Date of Birth/Death	Relationship to Child	Name and Location of Reservation, Rancheria, Village, etc.	Approximate Date(s)
<p>3. Have you or any family member ever received educational benefits from the Bureau of Indian Affairs, Indian Health Services, a Tribe or ever attended an Indian school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>If Yes, complete the section below.</b></p>				
Name	Date of Birth/Death	Relationship to Child	Type of Education Benefits (BIA, IHS, Tribe) School Name and Location	Approximate Date(s)

4. Have you or any family member ever received medical or dental treatment at an Indian Health Service agency or hospital?  
 Yes  No  Unknown If Yes, complete section below

Name	Date of Birth/Death	Relationship to Child	Type of Services and Location Where Services Rendered	Approximate Date(s)

5. Do or have you, or any family members, prepare(d) any type of food that might be derived from a Tribe, Tribal community or passed down from a common Indian ancestor?  Yes  No
6. Do or have you, or any family members, participate(d) in any ceremonial activities that might be derived from a Tribe, Tribal community or passed down from a common Indian ancestor?  Yes  No
7. Do you or any family members speak terms, words or phrases that might be derived from a Tribe, Tribal community or passed down from a common Indian ancestor?  Yes  No

8. Is the child's birth father named on the birth certificate?  Yes  No  Unknown  
 If not named, has the birth father acknowledged paternity?  Yes  No  Unknown  
 If not acknowledged, has birth father's paternity been established?  Yes  No  Unknown

9. Can you or any family member furnish documents such as certificates of birth, death, degree of Indian blood, marriage or baptism or tribal identification that will prove your relationship to any family members or ancestors that may have Indian ancestry?  Yes  No

10. **Comments** – Use this space to add additional information that may help in establishing the child's Indian ancestry and Tribal affiliation.

**The information provided is true and correct to the best of my knowledge.**

Signature of Person Complete Form

Date