



NATIVE VILLAGE OF KOTZEBUE

KOTZEBUE IRA

REQUEST FOR CERTIFICATE OF INDIAN BLOOD

PLEASE PRINT

FULL NAME: _____ OTHER/MAIDEN: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

PLEASE NOTE: (If applicant was born after December 18, 1971 a birth certificate must be provided)

CURRENT MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE CONTACT NUMBERS: _____ HOME _____ WORK

ANCSA (REGIONAL CORPORATION): _____

PLEASE COMPLETE THE INFORMATION BELOW USING YOUR BIOLOGICAL MOTHERS MAIDEN NAME.

	BIOLOGICAL MOTHER	BIOLOGICAL FATHER
Parents:	_____	_____
Date of Birth:	_____	_____
Social Security Number:	_____	_____
Regional Corporation:	_____	_____
Degree of Native Blood:	_____	_____

IF YOU ARE NOT ENROLLED TO AN ALASKA NATIVE CLAIMS SETTLEMENT ACT (ANCSA) CORPORATION, PLEASE PROVIDE A COPY OF YOUR BIRTH CERTIFICATE AND COMPLETE THE INFORMATION BELOW.

	BIOLOGICAL GRANDMOTHER	BIOLOGICAL GRANDFATHER
Grandparents:	_____	_____
Date of Birth:	_____	_____
Social Security Number:	_____	_____
Regional Corporation:	_____	_____
Degree of Native Blood:	_____	_____

AUTHORIZATION IS HEREBY GRANTED TO THE NATIVE VILLAGE OF KOTZEBUE/KOTZEBUE IRA TO PROVIDE A COPY OF MY CERTIFICATE OF INDIAN BLOOD (CIB) TO THE NAME AND ADDRESS AND OR/FAX NUMBER OF THE PARTY (IES) LISTED:

SIGNATURE OF APPLICANT: _____ DATE: _____