



IN REPLY REFER TO:

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

West-Central Alaska Field Office
3601 C Street, Suite 1100
Anchorage, Alaska 99503-5947
(907) 271-1745, 3517, 3519 OR 1-800-645-8465

(AT THE TIME OF ORIGINAL ANCSA ENROLLMENT: LIST YOUR NAME AND/OR NAMES YOU WERE KNOWN BY).

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



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



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

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



SIGNATURE _____ DATE _____
APPLICANT / GUARDIAN