

Cultural Adoption Training

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Alaska Division of Public Health

Prevention Promotion Protection

Definitions



Definitions

- Original (before-adoption) birth certificate
 - The child's birth certificate at birth; the child's birth certificate before they are adopted
 - Has the child's name at birth and the biological parent(s) name(s)
 - This information is important for correctly filling out the cultural adoption paperwork
- Biological parents
 - The parent(s) named on the child's original birth certificate

Definitions

- Substitute (after-adoption) birth certificate
 - The child's birth certificate after they are adopted has the adoptive parent(s) names and the child's adoptive name
- Mother's maiden name
 - The mother's last name on her birth certificate

Definitions

Indian Child

- Any unmarried person who is under age 18 and is either:
 - (a) a member of an Indian tribe or
 - (b) eligible for membership in an Indian tribe and the biological child of a member of an Indian tribe (25 U.S.C. 1903(4)).
 - The tribe determines whether a child is a member or eligible for membership (25 U.S.C. § 1903(5)).

Cultural Adoption Forms - Overview

TRIBAL RESOLUTION
NATIVE VILLAGE OF _____ RESOLUTION NO. _____

(Village Council)
THIS DOCUMENT VALID FOR USE ONLY IN THE STATE OF ALASKA

WHEREAS, the Native Village of _____ is the
tribe of _____
_____; and _____
(name of child
at birth)

20____, a quorum of the Village Council of the Native Village of _____
was formed, and passed the above
resolution by _____ voting in favor and _____ against the measure.

Secretary

Cultural Adoption Forms

- The cultural adoption forms are available on the Bureau's web site

<http://dhss.alaska.gov/dph/VitalStats/Pages/adopt.aspx>

- The form has recently been updated – please make sure you are using the latest version (March 2013 revision date)
- We recommend that you save and keep a copy of the paperwork for your records before sending it to the Bureau. These copies may be important in the future for social security, tribal enrollment, and other legal purposes.

Request for New Birth Certificate

REQUEST FOR A NEW BIRTH CERTIFICATE FOLLOWING A CULTURAL ADOPTION ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES BUREAU OF VITAL STATISTICS P.O. BOX 110575 JUNEAU, ALASKA 99811-0575		FOR BUREAU OF VITAL STATISTICS USE ONLY	
Is this child in state custody? <input type="checkbox"/> Yes <input type="checkbox"/> No		STATE FILING	
		DATE FILED	
		BIRTH CERTIFICATING	
THIS DOCUMENT VALID FOR USE ONLY IN THE STATE OF ALASKA			
1. CITY, TOWN, OR VILLAGE WHERE CHILD LIVED WHEN ADOPTION OCCURRED		2. TRIBAL VILLAGE OR COUNCIL RECOGNIZING ADOPTION	
3. NAME OF CHILD AFTER ADOPTION (SW)		(SW)(M)	(SW)(M)
4. NAME OF CHILD AT BIRTH (SW)		(SW)(M)	(SW)(M)
5. DATE OF BIRTH		6. PLACE OF BIRTH	7. SEX
8. RACE		9. NUMBER OF PERSONS ADOPTING	
10. NAME OF CHILD'S VILLAGE, TRIBE, OR COUNCIL		11. NUMBER OF PERSONS ADOPTING	
11. BIOLOGICAL FATHER'S NAME (SW)		(SW)(M)	(SW)(M)
12. FATHER'S RACE		13. NAME OF FATHER'S VILLAGE, TRIBE, OR COUNCIL	
14. SOCIAL SECURITY NUMBER			
15. BIOLOGICAL MOTHER'S NAME (SW)		(SW)(M)	(SW)(M)
16. MOTHER'S RACE		17. NAME OF MOTHER'S VILLAGE, TRIBE, OR COUNCIL	
18. SOCIAL SECURITY NUMBER			
19. MOTHER'S RACE		20. NAME OF MOTHER'S VILLAGE, TRIBE, OR COUNCIL	
21. SOCIAL SECURITY NUMBER			
PLEASE ENTER INFORMATION BELOW AS IT IS TO APPEAR ON THE NEW BIRTH RECORD.			
PART B			
22. FATHER'S NAME (SW)			
23. FATHER'S DATE OF BIRTH			
24. STATE OF BIRTH			
25. RACE			
26. NAME OF FATHER'S VILLAGE, TRIBE, OR COUNCIL			
27. SOCIAL SECURITY NUMBER			
28. MOTHER'S NAME (SW)			
29. MOTHER'S DATE OF BIRTH			
30. STATE OF BIRTH			
31. RACE			
32. NAME OF MOTHER'S VILLAGE, TRIBE, OR COUNCIL			
33. SOCIAL SECURITY NUMBER			
34. PHYSICAL ADDRESS AT TIME OF THIS BIRTH (City / town)			
35. CURRENT MAILING ADDRESS OF ADOPTIVE PARENTS (City / town)			
36. TELEPHONE NUMBER			
37. SIGNATURE OF ADOPTIVE PARENT(S) VERIFYING ITEMS #19-33			
CERTIFICATION		38. PRINT TYPE NAME OF PERSON SIGNING FOR VILLAGE OR TRIBE	
39. SIGNATURE AND SEAL OF TRIBAL AUTHORITY			
40. DATE SIGNED		41. POSITION IN TRIBE	
		42. TELEPHONE NUMBER	
V5 901 05-1485 (Rev. Aug-07)			
ENCLOSE \$45.00 FOR PROCESSING AND A CERTIFIED COPY OF NEW BIRTH CERTIFICATE			

Information on this page will be used to find the child's pre-adoption birth certificate and to create the child's new after-adoption birth certificate.

Parental Statement

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 _____
(name of child at birth)

This child is an Indian child as defined in 25 U.S.C. 1903 (4) due to being a member of, or is the biological child of a member of and is eligible for membership in _____
(name of village, tribe, or council)

as defined in 25 U.S.C. 1903 (5). This child has been adopted, 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 _____ City, State, Zip _____		Notary Seal
NOTARY Subscribed and sworn to (or affirmed) before me at _____ on the _____ day of _____, 20____		
_____ <small>(Signature of notary)</small> 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____		
_____ <small>(Signature of notary)</small> My commission expires: _____		

VS-6932
6/6/1999
(Rev. Aug-07)

The parent's statement saying they are the biological parent(s) of the child.

Tribal Statement

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 child of a member of and is eligible for membership in _____ 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 _____ are _____ and _____.
(name of child) (name of mother) (name of father)

The adoptive parents are _____ and _____.
(adoptive mother) (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.

Name _____ Date _____
(print or type name of tribal official) (M/D/Y)

Signed _____
(signature of tribal official)

Mailing Address _____

City, State, Zip _____

AFFIX TRIBAL SEAL OR RESOLUTION

V3 0303
09-1302
(Rev. 10-13)

The tribal statement tells the Bureau that the child is a member of the tribe or is the biological child of a tribe member and is eligible for membership in the tribe.

Tribal Resolution

TRIBAL RESOLUTION

NATIVE VILLAGE OF _____ RESOLUTION NO. _____

THIS DOCUMENT VALID FOR USE ONLY IN THE STATE OF ALASKA

WHEREAS, the Native Village of _____ is the
tribe of _____; and
(name of child at birth)

WHEREAS, the Native Village of _____ has recognized
the adoption of _____ by
_____, and
(name of child at birth)
(name of adoptive parent or parents)

WHEREAS, the adoptive parents wish to have a new birth certificate issued for
_____ to reflect this adoption;
(name of child following adoption)

NOW THEREFORE BE IT RESOLVED THAT _____
(name of tribal official)

is hereby authorized to sign any documents necessary for the purposes of obtaining a new birth
certificate for said child.

Done by Council action this _____ day of _____, 20____.

CERTIFICATION

I, _____, the Secretary of the Village Council
for the Native Village of _____ do hereby certify that on the
_____ day of _____, 20____, a quorum of the Village Council of the Native
Village of _____ was formed, and passed the above resolution
by _____ voting in favor and _____ against the measure.

Secretary

The Tribal resolution lets the Bureau know that the Village Council met and approved the adoption and that the adoptive parents are requesting a new birth certificate.

Biological Parent's Information

DESCRIPTIVE INFORMATION REGARDING BIOLOGICAL PARENTS

CHILD'S NAME _____ DATE OF BIRTH _____

I. Age of Biological Parents
A. MOTHER, at the time of this birth: _____
B. FATHER, at the time of this birth: _____

II. Heritage 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 _____

III. Medical History of the Biological Parent and Blood Relatives

A. MOTHER	B. FATHER
Blood Type _____	Blood Type _____
Childhood Diseases _____	Childhood Diseases _____
_____	_____
_____	_____
_____	_____
Allergies _____	Allergies _____
_____	_____
_____	_____
_____	_____

B. Medical Information about Blood Relatives

The last two pages contain information about the biological parents. The child can request that the Bureau send them the biological parent(s) information when the child is 18 years or older.

Biological Parent's Information

IV. Schooling of Biological Parent
A. MOTHER: Elementary or Secondary (0-12) _____ College (1-4) _____
B. FATHER: Elementary or Secondary (0-12) _____ College (1-4) _____

V. Physical Description of Biological Parent(s) on Day of Child's Birth

A. MOTHER	B. FATHER
Height _____	Height _____
Weight _____	Weight _____
Color of eyes _____	Color of eyes _____
Color of Hair _____	Color of Hair _____
Color of Skin _____	Color of Skin _____

VI. Other Children
A. The number of other children born to the MOTHER _____
B. The number of other children born to the FATHER _____

VII. Were Biological Parents Alive at Time of Adoption?
A. MOTHER Yes _____ No _____ B. FATHER Yes _____ No _____

VIII. Religious Preference of Biological Parents
A. MOTHER _____
B. FATHER _____

IX. Special Information such as pictures, letters, statements, etc.
A. From MOTHER _____

B. From FATHER _____

State Registrar
Bureau of Vital Statistics
5441 Commercial Blvd.
PO Box 110675
Juneau, Alaska 99811-0675

The biological parent(s) information can be useful for blood quantum purposes, inheritance benefits, medical reasons, and determining program eligibility.

Before You Begin



Before You Begin

- Adoption documents are legal documents
 - Use a typewriter or non-fading blue or black ink to prepare the documents or type in and save the adoption form
 - Adoption documents sent to the Bureau must be originals
 - The Bureau cannot accept photocopies of the completed paperwork
 - State law requires us to have the originals

Before You Begin

- Because adoption documents are legal documents, the Bureau cannot accept forms that have:
 - Erasures  An illustration of a yellow eraser with a green band, resting on a pink sheet of paper with blue wavy lines.
 - Whiteout  A small illustration of a white bottle of correction fluid with a white cap and a small circular icon next to it.
 - Cross outs  A white rectangular box containing the word "Philip" with a black diagonal line through it, followed by the word "Phillip".
 - Stamped, photocopied or typewritten signatures;
An original signature is required

Before You Begin

- Request a copy of the original birth certificate
 - The child's and parent(s) names on the cultural adoption paperwork **must** match the information on the original birth certificate
 - If the biological father's name is not on the original birth certificate it does not need to be listed on the cultural adoption paperwork.

Before You Begin

- To request a copy of the original birth certificate submit the following:
 - A letter on tribal letterhead stating the child's name at birth, date of birth, place of birth, biological parent(s) name(s), tribal membership, and purpose of request (adoption purposes).
 - A \$30 check or money order.
 - A copy of identification of the tribal member requesting the certificate (the member who wrote and signed the letter).

Before You Begin

■ Paternity Issues

- Consider adding the biological father to the original birth record before the adoption is processed if he is not already listed. After the adoption occurs, he can no longer be added.
- The father's information is important for
 - Blood quantum testing
 - Inheritance benefits
 - Genetic medical conditions
 - Determining program eligibility

Before You Begin

- The biological father can be added to the original birth certificate by:
 - Voluntary affidavit of paternity (A/P)
 - Both parents agree who the biological father is
 - Contact the Bureau, court or hospital for A/P forms
 - A completed and signed A/P can be submitted with or before the adoption paperwork, not after
 - CSSD (Child Support) can also establish paternity involuntarily
 - A court order establishing paternity

Before You Begin

Voluntary affidavit of paternity (A/P) forms can be requested from the Bureau or a local courthouse or hospital.

AFFIDAVIT OF PATERNITY		OFFICIAL USE ONLY	
PLEASE TYPE OR PRINT ALL INFORMATION LEGIBLY IN DARK INK		AFFIDAVIT #	CERTIFICATE #
FACTS AS SHOWN ON ORIGINAL CERTIFICATE	1. NAME OF CHILD FIRST MIDDLE LAST	2. CHILD'S BIRTH DATE MONTH / DAY / YEAR	
	3. CITY / TOWN OF BIRTH	4. HOSPITAL	5. MOTHER'S MAIDEN NAME
	6. NAME OF FATHER FIRST MIDDLE LAST		
NATURAL FATHER OF CHILD	7. FATHER'S BIRTH DATE MONTH / DAY / YEAR		
	8. SOCIAL SECURITY NO.	9. BIRTHPLACE STATE / COUNTRY	10. HISPANIC ORIGIN
11. RACE			
12. EDUCATION (Highest Grade Completed) Elementary/Secondary (0-12) College (1-4 or 5+)			
Please give careful consideration to the name you wish your child to have. This is a one-time opportunity and any future changes will require a legal change of name through the superior court.			
13. ENTER THE CHILD'S NAME AS IT IS TO APPEAR ON THE BIRTH CERTIFICATE: FIRST MIDDLE LAST			
MOTHER I have read and understand the back of this form, with this acknowledgment, I certify that I am the natural mother; that the information I provided is true; that I make this affidavit for the purpose of showing the natural father; and showing a change of the child's name if so indicated. During pregnancy marital status was: ___ Single ___ Married ___ Divorced/Widowed Date of Divorce/Death: _____ Telephone #: _____ * Social Security #: _____ Mother's Signature: _____ Mother's Mailing Address: _____ Zip Code: _____ NOTARY Subscribed and sworn to before me this _____ day of _____ 20____ Notary For: _____ (State) _____ Notary Signature: _____ My Commission Expires: _____ NOTARY SEAL			
WITNESS Witness (Print Name) _____ Witness Signature _____ Date Signed _____ Address _____ Zip Code _____ Telephone # _____ Social Security # (Optional) _____ I willingly state that I know the person who has signed this form to be the person that he/she states he/she is and I have witnessed their signature upon this form.			
FATHER (If not married to the mother) I have read and understand the back of this form, with this acknowledgment, I certify that I am the natural father; that I assume the parental duty of support; that the information I provided is true; that I make this affidavit for the purpose of showing the natural father; and showing a change of the child's name if so indicated. Telephone #: _____ * Social Security #: _____ Father's Signature: _____ Father's Mailing Address: _____ Zip Code: _____ NOTARY Subscribed and sworn to before me this _____ day of _____ 20____ Notary For: _____ (State) _____ Notary Signature: _____ My Commission Expires: _____ NOTARY SEAL			
WITNESS Witness (Print Name) _____ Witness Signature _____ Date Signed _____ Address _____ Zip Code _____ Telephone # _____ Social Security # (Optional) _____ I willingly state that I know the person who has signed this form to be the person that he/she states he/she is and I have witnessed their signature upon this form.			
HUSBAND (Leave blank if mother not married at the time of conception, at any time during pregnancy or at birth) I have read and understand the back of this form, with this acknowledgment, I certify that I am/was married to the mother of the child, described above and that I am not the natural father. Telephone #: _____ * Social Security #: _____ Husband's Signature: _____ Husband's Mailing Address: _____ Zip Code: _____ NOTARY Subscribed and sworn to before me this _____ day of _____ 20____ Notary For: _____ (State) _____ Notary Signature: _____ My Commission Expires: _____ NOTARY SEAL			
WITNESS Witness (Print Name) _____ Witness Signature _____ Date Signed _____ Address _____ Zip Code _____ Telephone # _____ Social Security # (Optional) _____ I willingly state that I know the person who has signed this form to be the person that he/she states he/she is and I have witnessed their signature upon this form.			
READ THE BACK OF THIS FORM BEFORE COMPLETING OR SIGNING SUBMIT WITH ORIGINAL SIGNATURES AND SEALS - Copies NOT accepted. Mail To: Bureau of Vital Statistics, 5441 Commercial Blvd., P.O. Box 110675, Juneau, Alaska 99811-0675 <i>*Disclosure of your social security number is mandatory under 42 U.S.C. § 666 (a)(13) and may be used for child support purposes.</i>			

Before You Begin Establishing Paternity

- If the mother was married at any time during the child's birth or pregnancy
 - By state law the husband's name (if given at the hospital) will be listed on the birth certificate. In this case the tribal council will not need to take any action to establish paternity

Before You Begin Establishing Paternity

- The mother is or was married at any time during pregnancy and the husband is NOT the biological father
 - By state law the husband's name (if given at the hospital) will be listed on the birth certificate, even if the husband is not the biological father. To put the biological father's name on the birth certificate, the mother, the husband, and the biological father must complete and sign a voluntary affidavit of paternity form

Before You Begin Establishing Paternity

- The mother was not married at any time during pregnancy
 - By state law the biological father's name can not be listed on the birth certificate if the mother is not married at any time during her pregnancy. To put the biological father's name on the birth certificate, the mother and the biological father must complete and sign a voluntary affidavit of paternity form.

Before You Begin

- If the child is in state custody you will need to get a release from OCS (Office of Children's Services)

**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

Is this child in state custody? Yes No

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

If yes, check this box and contact OCS to get a release from state custody. The Bureau of Vital Statistics will need a copy of the release.

Completing the Cultural Adoption Paperwork



Completing the Request for a New Birth Certificate – Part 1

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 FILED:
DATE FILED:
BIRTH CERTIFICATE NO.:

Is this child in state custody? Yes No

THIS DOCUMENT VALID FOR USE ONLY IN THE STATE OF ALASKA

CHILD

PART I
Information on the original birth record

1. CITY, TOWN, OR VILLAGE WHERE CHILD LIVED WHEN ADOPTION OCCURRED (State) 2. TRIBAL VILLAGE OR COUNCIL, IF OCCURRING ADOPTION (State)

3. NAME OF CHILD AFTER ADOPTION (State) (State) (State)

4. NAME OF CHILD AT BIRTH (State) (State) (State)

5. DATE OF BIRTH 6. PLACE OF BIRTH 7. SEX 8. RACE

9. NAME OF CHILD'S VILLAGE, TRIBE, OR COUNCIL 10. NUMBER OF PERSONS ADOPTING (State) 1 2

11. BIOLOGICAL FATHER'S NAME (State) (State) (State)

12. FATHER'S RACE 13. NAME OF FATHER'S VILLAGE, TRIBE, OR COUNCIL 14. SOCIAL SECURITY NUMBER

15. BIOLOGICAL MOTHER'S NAME (State) (State) (State)

(State) - LAST NAME ON MOTHER'S BIRTH CERTIFICATE (State)

16. MOTHER'S RACE 17. NAME OF MOTHER'S VILLAGE, TRIBE, OR COUNCIL 18. SOCIAL SECURITY NUMBER

PLEASE ENTER INFORMATION BELOW AS IT IS TO APPEAR ON THE NEW BIRTH RECORD.

PART II

Father

Adoptive

Biological

19. FATHER'S NAME (State) (State) (State)

20. FATHER'S DATE OF BIRTH 21. STATE OF BIRTH 22. RACE

23. NAME OF FATHER'S VILLAGE, TRIBE, OR COUNCIL 24. SOCIAL SECURITY NUMBER

Mother

Adoptive

Biological

25. MOTHER'S NAME (State) (State) (State)

26. MOTHER'S DATE OF BIRTH 27. STATE OF BIRTH 28. RACE

29. NAME OF MOTHER'S VILLAGE, TRIBE, OR COUNCIL 30. SOCIAL SECURITY NUMBER

31. PHYSICAL ADDRESS AT TIME OF THIS BIRTH (City/Town) (State)

32. CURRENT MAILING ADDRESS OF ADOPTIVE PARENTS (City/Town) (State) 33. TELEPHONE NUMBER

34. SIGNATURE OF ADOPTIVE PARENT(S) VERIFYING ITEMS #19-33

CERTIFICATION

35. I, (Name) (State), (Title), do hereby certify that this adoption was completed under the custom of the tribe.

36. SIGNATURE AND SEAL OF TRIBAL AUTHORITY 37. PRINT TYPE NAME OF PERSON SIGNING FOR VILLAGE OR TRIBE

38. DATE SIGNED 39. POSITION IN TRIBE 40. TELEPHONE NUMBER

VS 901
05-1498
(Rev. Aug-07)

ENCLOSE \$45.00 FOR PROCESSING AND A CERTIFIED COPY OF NEW BIRTH CERTIFICATE

This information comes mainly from the child's original birth certificate

Completing the Request for a New Birth Certificate – Part 1

Items 1 – 2

The child's village when the adoption occurred and the tribal authority recognizing the adoption

The village where the child was living when adopted goes here

The name of the tribe goes here

1. CITY, TOWN, OR VILLAGE WHERE CHILD LIVED WHEN ADOPTION OCCURRED Cicely	2. TRIBAL AUTHORITY RECOGNIZING ADOPTION Your tribal name
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Note: Box #2 must match either box #9 (the child's village, tribe, or council); box #13 (the biological father's village, tribe, or council); or box #17 (the biological mother's village, tribe, or council);

Completing the Request for a New Birth Certificate – Part 1

Item 3

The child's new adoptive name

The child's new first name

middle name

last name

<small>3. NAME OF CHILD AFTER ADOPTION (first)</small> New first name	<small>(middle)</small> New middle name	<small>(last)</small> New last name
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Note: The child's new name can be the same name as on the original birth certificate. If it is the same, it will still need to be listed, it can't be left blank.

Completing the Request for a New Birth Certificate – Part 1

Item 4

The name of the child at birth. This information comes from the original birth certificate.

STATE OF ALASKA

Form VS-1 TYPE OR PRINT IN PERMANENT INK **CERTIFICATE OF LIVE BIRTH** 150 2007-999999
STATE FILE NUMBER

RECORDER'S NO. ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES BUREAU OF VITAL STATISTICS - JUNEAU, ALASKA 99811 DATE RECEIVED 04/01/2007

1. CHILD-NAME FIRST MIDDLE LAST
I AM SAM

CHILD 2. SEX 3a. DATE OF BIRTH (Month, Day, Year) 3b. HOUR 3c. CITY, VILLAGE OR LOCATION
99:99 M **ALASKA**

4. PLACE OF BIRTH: Hospital Freestanding Birthing Center Clinic/Doctor's Office Residence Other (Specify) 5. FACILITY NAME (if not institution, give street and number)
CICELEY MEMORIAL HOSPITAL

CERTIFIER/ ATTENDANT 6. I certify that this child was born alive at the place and time and on the date stated 7. DATE SIGNED (Month, Day, Year) 8. CERTIFIER'S NAME AND TITLE (Type/Print)
LINDA SMITH 09/09/99 Name **LINDA SMITH ADMIN CLERK**
 M.D. D.O. Hospital Admin. R.N. C.N.M. C.H.A./C.H.P.
 Other Midwife Other (Specify)

9. ATTENDANT'S NAME & TITLE (Type/Print) 10. ATTENDANT'S MAILING ADDRESS (Street & No./Rural Route No., City/Town/State/Zip Code)
Name: **JANE DOUGH** 123 MAIN ST
CICELEY ALASKA 99999

MOTHER 11a. MOTHER'S NAME (First, Middle, Last) 11b. MAIDEN SURNAME 12. BIRTHPLACE (State or Foreign Country)

13. DATE OF BIRTH (Month, Day, Year) 14a. RESIDENCE STATE 14b. CITY, TOWN, OR LOCATION

14c. RESIDENCE ADDRESS 15. INSIDE CITY LIMITS OR SETTLED COMMUNITY?
 YES NO

FATHER 16. FATHER'S NAME (First, Middle, Last) 17. DATE OF BIRTH (Month, Day, Year) 18. BIRTHPLACE (State or Foreign Country)

19a. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of parent) 19b. MOTHER'S MAILING ADDRESS (Street or P.O. Box No., City or Village, State, Zip Code)

20a. RECORDER'S SIGNATURE 20b. ADDRESS 20c. RECORDING DISTRICT 20d. DATE RECORDED

4. NAME OF CHILD AT BIRTH (first) I	(middle) AM	(last) SAM
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Completing the Request for a New Birth Certificate – Part 1

STATE OF ALASKA

Form VS-1 TYPE OR PRINT IN PERMANENT INK **CERTIFICATE OF LIVE BIRTH** 150 2007-999999
 ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES BUREAU OF VITAL STATISTICS - JUNEAU, ALASKA 99811 STATE FILE NUMBER
 RECORDER'S NO. DATE RECEIVED 04/01/2007

1. CHILD-NAME FIRST MIDDLE LAST

CHILD 2. SEX **F** 3a. DATE OF BIRTH (MONTH, DAY, YEAR) **11/05/2003** 3b. HOUR **99:99** M STATE OF BIRTH **ALASKA** 3c. CITY, VILLAGE OR LOCATION **Cicely**

4. PLACE OF BIRTH: Hospital Freestanding Birthing Center Clinic/Doctor's Office Residence Other (Specify) **CICELY MEMORIAL HOSPITAL**

CERTIFIER/ ATTENDANT 6. I certify that this child was born alive at the place and time and on the date stated. 7. DATE SIGNED (Month, Day, Year) **09/09/99** 8. CERTIFIER'S NAME AND TITLE (Type, Print) Name **LINDA SMITH ADMIN CLERK**
 M.D. D.O. Hospital Admin. R.N. C.N.M. C.H.A./C.H.P. Other Midwife Other (Specify)

9. ATTENDANT'S NAME & TITLE (if other than certifier) (Type, Print) Name: **JANE DOUGH**
 M.D. D.O. C.N.M. C.H.A./C.H.P. Other Midwife Other (Specify)

MOTHER 10. ATTENDANT'S MAILING ADDRESS (Street & No./Rural Route No., City/Town/State/Zip Code) **123 MAIN ST
 CICELY ALASKA 99599**

11a. MOTHER'S NAME (First, Middle, Last) 11b. MAIDEN SURNAME 12. BIRTHPLACE (State or Foreign Country)

13. DATE OF BIRTH (Month, Day, Year) 14a. RESIDENCE-STATE 14b. CITY, TOWN, OR LOCATION

14c. RESIDENCE ADDRESS 15. INSIDE CITY LIMITS OR SETTLED COMMUNITY? YES NO

FATHER 16. FATHER'S NAME (First, Middle, Last) 17. DATE OF BIRTH (Month, Day, Year) 18. BIRTHPLACE (State or Foreign Country)

19a. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of parent) 19b. MOTHER'S MAILING ADDRESS (Street or P.O. Box No., City or Village, State, Zip Code)

20a. RECORDER'S SIGNATURE 20b. ADDRESS 20c. RECORDING DISTRICT 20d. DATE RECORDED

Items 5 - 8
 The child's birth information

Note: The child's race is not listed on the original birth certificate.

5. DATE OF BIRTH 11/05/2003	6. PLACE OF BIRTH CICELY	7. SEX F	8. RACE Alaska Native
---------------------------------------	------------------------------------	--------------------	---------------------------------

Completing the Request for a New Birth Certificate – Part 1

Items 9 - 10

The child's village or council and the number of person's adopting

The name of the child's village or council goes here

Check the box for the number of adoptive parents that are adopting the child.

9. NAME OF CHILD'S VILLAGE, TRIBE, OR COUNCIL

The child's village or council

10. NUMBER OF PERSONS ADOPTING

1 2

Completing the Request for a New Birth Certificate – Part 1

Item 11

The biological father's name.

Note: The biological father's name does not need to be included if it is not listed on the original birth certificate. If the biological mother claimed child support, the father's name will be listed.

STATE OF ALASKA

Form VS-1 TYPE OR PRINT IN PERMANENT INK **CERTIFICATE OF LIVE BIRTH** 150 2007-999999
ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES STATE FILE NUMBER
BUREAU OF VITAL STATISTICS - JUNEAU, ALASKA 99811 DATE RECEIVED
04/01/2007

1. CHILD-NAME FIRST MIDDLE LAST	
2. SEX	3a. DATE OF BIRTH (MONTH, DAY, YEAR)
3b. HOUR	3c. CITY, VILLAGE OR LOCATION
4. PLACE OF BIRTH: <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Residence	
5. FACILITY NAME (if not institution, give street and number) CICELY MEMORIAL HOSPITAL	
6. I certify that this child was born alive at the place and time and on the date stated	
7. DATE SIGNED (Month, Day, Year)	8. CERTIFIER'S NAME AND TITLE (Type/Print)
Signature LINDA SMITH	Name LINDA SMITH ADMIN CLERK
9. ATTENDANT'S NAME & TITLE (if other than certifier) (Type/Print)	
Name: JANE DOUGH	10. ATTENDANT'S MAILING ADDRESS (Street & No./Rural Route No., City/Town/State/Zip Code)
11a. MOTHER'S NAME (First, Middle, Last)	11b. MAIDEN SURNAME
12. BIRTHPLACE (State or Foreign Country)	
13. DATE OF BIRTH (Month, Day, Year)	14a. RESIDENCE-STATE
14b. CITY, TOWN, OR LOCATION	
14c. RESIDENCE ADDRESS	15. INSIDE CITY LIMITS OR SETTLED COMMUNITY? <input type="checkbox"/> YES <input type="checkbox"/> NO
16. FATHER'S NAME (First, Middle, Last)	17. DATE OF BIRTH (Month, Day, Year)
JAKE GUY SAM	18. BIRTHPLACE (State or Foreign Country)
19a. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of parent)	19b. MOTHER'S MAILING ADDRESS (Street or P.O. Box No., City or Village, State, Zip Code)
20a. RECORDER'S SIGNATURE	20b. ADDRESS
20c. RECORDING DISTRICT	20d. DATE RECORDED

11. BIOLOGICAL FATHER'S NAME (first)	(middle)	(last)
JAKE	GUY	SAM

Completing the Request for a New Birth Certificate – Part 1

Items 12-14

The biological father's race, tribe and SSN.

Note: The biological father's information should only be included if he is on the original birth certificate or you have also submitted a signed affidavit of paternity.

The biological father's
race goes here

The biological father's
village or tribe goes here

The biological father's
SSN goes here

12. FATHER'S RACE Father's Race	13. NAME OF FATHER'S VILLAGE, TRIBE, OR COUNCIL Name of father's council	14. SOCIAL SECURITY NUMBER XXX-XX-XXXX
---	--	--

Note: If the social security number is unknown or unavailable, write N/A.

Completing the Request for a New Birth Certificate – Part 1

STATE OF ALASKA

CERTIFICATE OF LIVE BIRTH

Form VS-1 TYPE OR PRINT IN PERMANENT INK

150 2007-999999
STATE FILE NUMBER

RECORDER'S NO. ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
BUREAU OF VITAL STATISTICS - JUNEAU, ALASKA 99811 DATE RECEIVED
04/01/2007

1. CHILD-NAME FIRST MIDDLE LAST		
2. SEX	3a. DATE OF BIRTH (MONTH, DAY, YEAR)	3b. HOUR
		3c. CITY, VILLAGE OR LOCATION
4. PLACE OF BIRTH: <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		5. FACILITY NAME (if not institution, give street and number) CICELY MEMORIAL HOSPITAL
6. I certify that this child was born alive at the place and time and on the date stated LINDA SMITH		7. DATE SIGNED (Month, Day, Year) 09/09/98
8. CERTIFIER'S NAME AND TITLE (Type/Print) Name: LINDA SMITH ADMIN CLERK <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Hospital Admin. <input type="checkbox"/> R.N. <input type="checkbox"/> C.N.M. <input type="checkbox"/> C.H.A./C.H.R. <input type="checkbox"/> Other Midwife <input checked="" type="checkbox"/> Other (Specify)		
9. ATTENDANT'S NAME & TITLE (if other than certifier) (Type/Print) <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input checked="" type="checkbox"/> C.N.M. <input type="checkbox"/> C.H.A./C.H.P. <input type="checkbox"/> Other Midwife <input type="checkbox"/> Other (Specify) Name: JANE DOUGH		10. ATTENDANT'S MAILING ADDRESS (Street & No./Rural Route No., City/Town/State/Zip Code) 123 MAIN ST CICELY ALASKA 99999
MOTHER		
11a. MOTHER'S NAME (First, Middle, Last) SALLY MAE SAM JONES		12. BIRTHPLACE (State or Foreign Country)
13. DATE OF BIRTH (Month, Day, Year)	14a. RESIDENCE - STATE	14b. CITY, TOWN, OR LOCATION
14c. RESIDENCE ADDRESS		15. INSIDE CITY LIMITS OR SETTLED COMMUNITY? <input type="checkbox"/> YES <input type="checkbox"/> NO
FATHER		
16. FATHER'S NAME (First, Middle, Last)		17. DATE OF BIRTH (Month, Day, Year)
18. BIRTHPLACE (State or Foreign Country)		
19a. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of parent)		19b. MOTHER'S MAILING ADDRESS (Street or P.O. Box No., City or Village, State, Zip Code)
20a. RECORDER'S SIGNATURE	20b. ADDRESS	20c. RECORDING DISTRICT
20d. DATE RECORDED		

Item 15
The biological mother's name

15. BIOLOGICAL MOTHER'S NAME (first)	(middle)
SALLY	MAE
(maiden - LAST NAME ON MOTHER'S BIRTH CERTIFICATE)	(last)
JONES	SAM

Completing the Request for a New Birth Certificate – Part 1

Items 16-18

The biological mother's race, tribe and SSN.

The biological mother's race goes here

The biological mother's tribe or village goes here

The biological mother's SSN goes here

16. MOTHER'S RACE Mother's Race	17. NAME OF MOTHER'S VILLAGE, TRIBE, OR COUNCIL Mother's village or council	18. SOCIAL SECURITY NUMBER XXX-XX-XXXX
---	---	--

Note: If the social security number is unknown or unavailable, write N/A.

Completing the Request for a New Birth Certificate – Part II

REQUEST FOR A NEW BIRTH CERTIFICATE FOLLOWING A CULTURAL ADOPTION ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES BUREAU OF VITAL STATISTICS P.O. BOX 110575 JUNEAU, ALASKA 99811-0575				FOR BUREAU OF VITAL STATISTICS' USE ONLY	
Is this child in state custody? <input type="checkbox"/> Yes <input type="checkbox"/> No				STATE FILED	
THIS DOCUMENT VALID FOR USE ONLY IN THE STATE OF ALASKA				DATE FILED	
1. CITY, TOWN, OR VILLAGE WHERE CHILD LIVED WHEN ADOPTION OCCURRED		2. TRIBAL VILLAGE OR COUNCIL RECOGNIZING ADOPTION			
3. NAME OF CHILD AFTER ADOPTION (NEW)		(SIC) (SIC)		(SIC)	
4. NAME OF CHILD AT BIRTH (NEW)		(SIC) (SIC)		(SIC)	
5. DATE OF BIRTH		6. PLACE OF BIRTH		7. SEX	
8. RACE		9. NUMBER OF PERSONS ADOPTED			
10. NAME OF CHILD'S VILLAGE, TRIBE, OR COUNCIL		11. NUMBER OF PERSONS ADOPTED			
11. BIOLOGICAL FATHER'S NAME (NEW)		(SIC) (SIC)		1 2	
12. FATHER'S RACE		13. NAME OF FATHER'S VILLAGE, TRIBE, OR COUNCIL		14. SOCIAL SECURITY NUMBER	
15. BIOLOGICAL MOTHER'S NAME (NEW)		(SIC) (SIC)		16. SOCIAL SECURITY NUMBER	
17. LAST NAME ON MOTHER'S BIRTH CERTIFICATE		(SIC)		18. SOCIAL SECURITY NUMBER	
19. MOTHER'S RACE		20. NAME OF MOTHER'S VILLAGE, TRIBE, OR COUNCIL		21. SOCIAL SECURITY NUMBER	
PART I Information on the original birth record					
PART II					
19. FATHER'S NAME (NEW)		(SIC) (SIC)		(SIC)	
20. FATHER'S DATE OF BIRTH		21. STATE OF BIRTH		22. RACE	
23. NAME OF FATHER'S VILLAGE, TRIBE, OR COUNCIL		24. SOCIAL SECURITY NUMBER			
25. MOTHER'S NAME (NEW)		(SIC) (SIC)		(SIC) (SIC)	
26. MOTHER'S DATE OF BIRTH		27. STATE OF BIRTH		28. RACE	
29. NAME OF MOTHER'S VILLAGE, TRIBE, OR COUNCIL		30. SOCIAL SECURITY NUMBER			
31. PHYSICAL ADDRESS AT TIME OF THIS BIRTH (City/Town) (SIC)					
32. CURRENT MAILING ADDRESS OF ADOPTIVE PARENTS (City/Town) (SIC)				33. TELEPHONE NUMBER	
34. SIGNATURE OF ADOPTIVE PARENT(S) VERIFYING ITEMS #19-30					
CERTIFICATION					
I hereby certify that this adoption was recognized under the custom of the tribe.				35. PRINT TYPE NAME OF PERSON SIGNED FOR VILLAGE OR TRIBE	
36a. SIGNATURE AND SEAL OF TRIBAL AUTHORITY				36b. POSITION IN TRIBE	
36c. DATE SIGNED		36d. POSITION IN TRIBE		37. TELEPHONE NUMBER	

VS 901
05-1400
(Rev. Aug-07)

ENCLOSE \$45.00 FOR PROCESSING AND A CERTIFIED COPY OF NEW BIRTH CERTIFICATE

This section will be used to prepare the child's post-adoptive (new) birth certificate. The information comes from the **adoptive** parents. If this is a step-parent adoption, the biological parent that will remain on the birth certificate must also provide their information in Part II.

Completing the Request for a New Birth Certificate – Part II

Father

← Adoptive

If the father who is adopting the child is NOT the biological father then check this box

← Biological

If the biological father is to be listed on the new birth certificate check this box

Mother

← Adoptive

If the mother who is adopting the child is NOT the biological mother then check this box

← Biological

If the biological mother is to be listed on the new birth certificate check this box

Completing the Request for a New Birth Certificate – Part II

Items 19-24 are about the adoptive father

Note: Items 19-24 are completed only if there is an adoptive father or if the biological father is to be listed on the new birth certificate.

19. FATHER'S NAME (first)	(middle)	(last)
20. FATHER'S DATE OF BIRTH	21. STATE OF BIRTH	22. RACE
23. NAME OF FATHER'S VILLAGE, TRIBE, OR COUNCIL		24. SOCIAL SECURITY NUMBER

Completing the Request for a New Birth Certificate – Part II

Item 19

The adoptive father's name

The adoptive father's first name goes here

The adoptive father's middle name

The adoptive father's last name

<small>19. FATHER'S NAME (first)</small> Father's first name	<small>(middle)</small> Father's middle name	<small>(last)</small> Father's last name
--	--	--

Completing the Request for a New Birth Certificate – Part II

Items 20-22

The adoptive father's date of birth, place of birth, and race.

The adoptive father's date of birth goes here

The adoptive father's state of birth goes here

The adoptive father's race goes here

20. FATHER'S DATE OF BIRTH mm/dd/yyyy	21. STATE OF BIRTH State of birth	22. RACE Alaska Native
---	---	----------------------------------

Completing the Request for a New Birth Certificate – Part II

Items 23-24

The adoptive father's village or council and SSN

The adoptive father's
village or council

The adoptive father's SSN

23. NAME OF FATHER'S VILLAGE, TRIBE, OR COUNCIL Name of village or council	24. SOCIAL SECURITY NUMBER XXX-XX-XXXX
--	--

Note: The adoptive father's social security number is required by federal law.

Completing the Request for a New Birth Certificate – Part II

Items 25-30 are about the adoptive mother

Note: Items 25-30 are completed only if there is an adoptive mother or if the biological mother is to be listed on the new birth certificate.

25. MOTHER'S NAME (first)	(middle)	(last)	(maiden)
26. MOTHER'S DATE OF BIRTH	27. STATE OF BIRTH	28. RACE	
29. NAME OF MOTHER'S VILLAGE, TRIBE, OR COUNCIL		30. SOCIAL SECURITY NUMBER	

Completing the Request for a New Birth Certificate – Part II

Item 25

The adoptive mother's name

The adoptive mother's first name goes here

The adoptive mother's middle name

The adoptive mother's last name

The adoptive mother's maiden name

25. MOTHER'S NAME (first) First name	(middle) Middle name	(last) Last name	(maiden) Maiden name
--	--------------------------------	----------------------------	--------------------------------

Note: The adoptive mother's maiden name is her last name on her birth certificate

Completing the Request for a New Birth Certificate – Part II

Items 26-28

The adoptive mother's date of birth, place of birth, and race

The adoptive mother's date of birth

The adoptive mother's state of birth

The adoptive mother's race

26. MOTHER'S DATE OF BIRTH mm/dd/yyyy	27. STATE OF BIRTH State of birth	28. RACE Alaska Native
---	---	----------------------------------

Completing the Request for a New Birth Certificate – Part II

Items 29-30

The adoptive mother's village or council and SSN.

The adoptive mother's
village or council

The adoptive mother's SSN

29. NAME OF MOTHER'S VILLAGE, TRIBE, OR COUNCIL Village or council	30. SOCIAL SECURITY NUMBER XXX-XX-XXXX
--	--

Note: The adoptive mother's social security number is required by federal law.

Completing the Request for a New Birth Certificate – Part II

Items 31-33 are about the adoptive parent's addresses and phone number

31. PHYSICAL ADDRESS AT TIME OF THIS BIRTH			(City / Town)	(State)
32. CURRENT MAILING ADDRESS OF ADOPTIVE PARENTS		(City / Town)	(State)	33. TELEPHONE NUMBER

Completing the Request for a New Birth Certificate – Part II

Item 31

The adoptive parent's residence address

The street address	The city/town	And the state
		
31. PHYSICAL ADDRESS AT TIME OF THIS BIRTH	(City / Town)	(State)
Residence at child's birth	City, town, or location	Alaska

Note: If the adoptive parents do not have a street address, write N/A and just write their city and state.

Completing the Request for a New Birth Certificate – Part II

Item 32

The adoptive parent's mailing address

The adoptive parent(s)
mailing address

The adoptive parent(s)
phone number

32. CURRENT MAILING ADDRESS OF ADOPTIVE PARENTS Current mailing address	(City / Town)	(State)	33. TELEPHONE NUMBER XXX-XXXX
---	---------------	---------	---

This information is important to mail the birth certificate and to contact the parents with any questions.

Completing the Request for a New Birth Certificate – Part II

Item 34

The adoptive parent(s) signatures. Both adoptive parents must sign if more than one parent.

The adoptive parent(s) sign here

34. SIGNATURE OF ADOPTIVE PARENT(S) VERIFYING ITEMS #19-33

Sign here

Completing the Request for a New Birth Certificate – Part II

Items 35-37 are about the tribal authority

I hereby certify that this adoption was recognized under the custom of the tribe. 35a. SIGNATURE AND SEAL OF TRIBAL AUTHORITY		35b. PRINT/TYPE NAME OF PERSON SIGNING FOR VILLAGE OR TRIBE	
36a. DATE SIGNED	36b. POSITION IN TRIBE		37. TELEPHONE NUMBER

Completing the Request for a New Birth Certificate – Part II

Items 35a – 35b

The signature and typed/printed name of the tribal authority

The tribal authority's signature and tribal seal goes here

The printed or typed name of the tribal authority

<p>I hereby certify that this adoption was recognized under the custom of the tribe. 35a. SIGNATURE AND SEAL OF TRIBAL AUTHORITY</p> <p>Signature and seal</p>	<p>35b. PRINT/TYPE NAME OF PERSON SIGNING FOR TRIBE</p> <p>Printed name of tribal authority</p>
---	--

Note: In most cases the tribal president should sign the paperwork. However, when the tribal president is unavailable to sign, any other tribal official may sign the tribal resolution, except for the tribal secretary.

Completing the Request for a New Birth Certificate – Part II

Items 36 - 37

The date signed, the tribal authority's position in the tribe, and telephone number

The date signed	The tribal authority's position in the tribe	The telephone number of the tribe
36a. DATE SIGNED mm/dd/yyyy	36b. POSITION IN TRIBE President	37. TELEPHONE NUMBER XXX-XXXX

Fee and Revision Date

The very bottom of the page will state the current adoption fee and revision date of the form. The current fee is \$60.

VS 901
06-1498
(Rev.Mar-13) **ENCLOSE \$60.00 FOR PROCESSING AND A CERTIFIED COPY OF NEW BIRTH CERTIFICATE**

Revision Date. The revision date for the most current form is March 2013

Current Fee. The most recent adoption fee is \$60

Completing the Parental Statement

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 _____
(name of child at birth)

This child is an Indian child as defined in 25 U.S.C. 1903 (4) due to being a member of, or is the biological child of a member of and is eligible for membership in _____
(name of village, tribe, or council)

as defined in 25 U.S.C. 1903 (5). This child has been adopted, 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 _____
City, State, Zip _____

NOTARY
Subscribed and sworn to (or affirmed) before me at _____
on the _____ day of _____, 20____

(Signature of notary) My commission expires: _____

Notary Seal

BIOLOGICAL FATHER
I certify under penalty of perjury that the foregoing is true.
Biological Father's Signature _____
Mailing Address _____
City, State, Zip _____

NOTARY
Subscribed and sworn to (or affirmed) before me at _____
on the _____ day of _____, 20____

(Signature of notary) My commission expires: _____

Notary Seal

VB-8032
10-1-02
(Rev. Aug 07)

Completing the Parental Statement

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 I Am Sam
(name of child at birth)

This child is an Indian child as defined in 25 U.S.C. 1903 (4) due to being a member of, or is the biological child of a member of and is eligible for membership in Village or council name
(name of village, tribe, or council)

as defined in 25 U.S.C. 1903 (5). This child has been adopted, under the custom of the child's tribe.

The adoptive parent(s) are:

Adoptive mother
(name of adoptive mother)

Adoptive father
(name of adoptive father)

The child's name must match the name on the original birth certificate

The name of your council or village

The adoptive father name must match the name on the request for a new birth certificate form (Item 19)

The adoptive mother name must match the name on the request for a new birth certificate form (Item 25)

Completing the Parental Statement

The biological mother's statement

The biological mother signs here

BIOLOGICAL MOTHER	
I certify under penalty of perjury that the foregoing is true.	
Biological Mother's Signature	Mother's signature
Mailing Address	Mother's mailing address
City, State, Zip	City, state, and zip
	Notary Seal

The biological mother's address

Note: If the biological mother can not be located then leave this item blank. The tribal official will then check the box stating 'She knew or had notice of the adoption at the time it occurred, but could not be contacted through reasonable means' on the tribal statement.

Completing the Parental Statement

The notary's statement

The day, month, and year signed

The city where signed

The notary's seal/stamp

NOTARY
Subscribed and sworn to (or affirmed) before me at **Location**
on the **20th** day of **August**, 20**07**.

Notary's signature
(Signature of notary)

My commission expires: **mm/dd/yyyy**

The notary signs here

The date the notary's commission expires

The diagram shows a notary statement form with several fields. Blue arrows point from descriptive labels to the corresponding fields in the form. The labels are: 'The day, month, and year signed' pointing to the date '20th August, 2007'; 'The city where signed' pointing to the 'Location' field; 'The notary's seal/stamp' pointing to an empty box; 'The notary signs here' pointing to the 'Notary's signature' field; and 'The date the notary's commission expires' pointing to the 'My commission expires' field.

Completing the Parental Statement

The biological father's statement

The biological father signs here

BIOLOGICAL FATHER	
I certify under penalty of perjury that the foregoing is true.	
Biological Father's Signature	Father's signature
Mailing Address	Father's mailing address
City, State, Zip	Father's city, state, and zip code
	Notary Seal

The biological father's address

Note: If there is no biological father listed on the original birth certificate leave this blank. If the biological father can not be located then leave this item blank and the tribal official will need to check the applicable box on the tribal statement.

Completing the Parental Statement

The notary's statement

The day, month, and year signed

The city where signed

The notary's seal/stamp

NOTARY
Subscribed and sworn to (or affirmed) before me at **Location**
on the **20th** day of **August**, 20**07**.

Notary's signature
(Signature of notary)

My commission expires: **mm/dd/yyyy**

The notary signs here

The date the notary's commission expires

Completing the Tribal Statement

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
(name of child at birth)
child of a member of and is eligible for membership in _____
(name of village, tribe, or council)
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)
are _____ and _____
(name of mother) (name of father)
The adoptive parents are _____ and _____
(adoptive mother) (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.

Name _____ Date _____
(print or type name of tribal official) (M/D/Y)

Signed _____
(signature of tribal official)

Mailing Address _____

City, State, Zip _____

AFFIX TRIBAL SEAL OR RESOLUTION

VS 6503
04-1-02
(Rev. 10/9-13)

Completing the Tribal Statement

The child's name at birth and both biological and adoptive parents' names go here

Note: The name at birth must be the same as on the original birth certificate

THIS DOCUMENT VALID FOR USE ONLY IN THE STATE OF ALASKA

I affirm that I Am Sam
(name of child at birth), who is a member of, or is the biological child of a member of and is eligible for membership in Village or council name
(name of village, tribe, or council)

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 I Am Sam
(name of child)
are _____ and _____
(name of mother) (name of father)

The adoptive parents are _____ and _____
(adoptive mother) (adoptive father)

← The name of your village or council

Completing the Tribal Statement

Statement regarding why biological parents did not sign parental statement

If one or both biological parents are unable to sign the parental statement, check the applicable box for each parent. If a father is not listed on the original birth certificate, you may leave the father's section blank.

(Complete only if one or both biological parents are unable to sign parental statement.)

<p>The biological mother did not sign the PARENTAL STATEMENT because:</p> <ul style="list-style-type: none"><input type="checkbox"/> She is deceased.<input type="checkbox"/> She knew or had notice of the adoption at the time it occurred, but could not be contacted through reasonable means.<input type="checkbox"/> Not applicable (the biological mother signed the parental statement).
<p>The biological father did not sign the PARENTAL STATEMENT because:</p> <ul style="list-style-type: none"><input type="checkbox"/> He is deceased.<input type="checkbox"/> He knew or had notice of the adoption at the time it occurred, but could not be contacted through reasonable means.<input type="checkbox"/> Not applicable (the biological father signed the parental statement).

Completing the Tribal Statement

This section must be completed, regardless of which boxes are checked.

The printed or typed name of the tribal official goes here

The date signed

I certify under penalty of perjury that the foregoing is true.

Name **Printed/typed name of tribal official** Date **mm/dd/yyyy**
(print or type name of tribal official) (M/D/Y)

Signed **Signature of the tribal official***
(signature of tribal official)

Mailing Address **Mailing address**

City, State, Zip **City, state, and zip code**

The signature of the tribal official

The address of the tribe or council

*Note: the tribal secretary may not sign as a tribal official.

Completing the Tribal Resolution

TRIBAL RESOLUTION

NATIVE VILLAGE OF _____ RESOLUTION NO. _____

THIS DOCUMENT VALID FOR USE ONLY IN THE STATE OF ALASKA

WHEREAS, the Native Village of _____ is the
tribe of _____;
(name of child at birth)

WHEREAS, the Native Village of _____ has recognized
the adoption of _____ by

(name of adoptive parent or parents) and

WHEREAS, the adoptive parents wish to have a new birth certificate issued for
_____ to reflect this adoption;
(name of child following adoption)

NOW THEREFORE BE IT RESOLVED THAT _____
(name of tribal official)

is hereby authorized to sign any documents necessary for the purposes of obtaining a new birth
certificate for said child.

Done by Council action this _____ day of _____, 20____.

CERTIFICATION

I, _____, the Secretary of the Village Council
for the Native Village of _____ do hereby certify that on the
_____ day of _____, 20____, a quorum of the Village Council of the Native
Village of _____ was formed, and passed the above resolution
by _____ voting in favor and _____ against the measure.

Secretary

Completing the Tribal Resolution

The tribe's resolution number goes here

TRIBAL RESOLUTION

NATIVE VILLAGE OF Your village or council name RESOLUTION NO. _____
(Village Council)

**THIS DOCUMENT VALID FOR USE ONLY IN THE STATE OF ALASKA
NOT FOR USE WITH TRIBAL COURT ADOPTION**

WHEREAS, the Native Village of Your village or council name is the

Your village or council name goes here

Completing the Tribal Resolution

The adoptive parent(s) name(s) goes here

Note: This information must match items 19 and 25 on the request for new birth certificate form.



Adoptive parent(s) name(s) _____ and

(name of adoptive parent or parents)

WHEREAS, the adoptive parents wish to have a new birth certificate issued for

Child's adoptive name _____ to reflect this adoption;

(name of child following adoption)



The child's adoptive name goes here

Note: This information must match item 3 on the new (after-adoption) certificate request form.

Completing the Tribal Resolution

The name of the tribal official (usually the tribal president)

NOW THEREFORE BE IT RESOLVED THAT Tribal official name goes here
(name of tribal official)
is hereby authorized to sign any documents necessary for the purposes of obtaining a new birth certificate for said child.
Done by Council action this 20th day of August, 2007.

The day month and year of the resolution

Note: In most cases the tribal president should sign the paperwork. However, when the tribal president is unavailable to sign, any other tribal official may sign the tribal resolution, except for the tribal secretary.

Before You Send In the Paperwork



The child's name at birth must be the same on all pages of the form

WHEREAS, the Native Village of _____ is the
tribe of _____; and
(name of child at birth)

WHEREAS, the Native Village of _____ has recognized
the adoption of _____ by
(name of child at birth)

The Tribal resolution

NAME OF CHILD AT BIRTH (first)	(middle)	(last)
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The request for a new birth certificate

THIS DOCUMENT VALID FOR USE ONLY IN THE STATE OF ALASKA

I certify that I am the biological mother/father of _____
(name of child at birth)

The parental statement

THIS DOCUMENT VALID FOR USE ONLY IN THE STATE OF ALASKA

I affirm that _____, who is a member of, or is the biological
(name of child at birth)

The Tribal statement

The biological parents of _____
(name of child)

The child's adoptive name must be the same on all pages of the form

[WHEREAS, the adoptive parents wish to have a new birth certificate issued for _____ to reflect this adoption;
(name of child following adoption)

The Tribal resolution

3. NAME OF CHILD AFTER ADOPTION (first)	(middle)	(last)

The request for a new birth certificate

The biological parent(s) name(s) must be the same on all pages of the form

11. BIOLOGICAL FATHER'S NAME (first)	(middle)	(last)
15. BIOLOGICAL MOTHER'S NAME (first)		(middle)
(maiden – LAST NAME ON MOTHER'S BIRTH CERTIFICATE)		(last)

The request for a new birth certificate

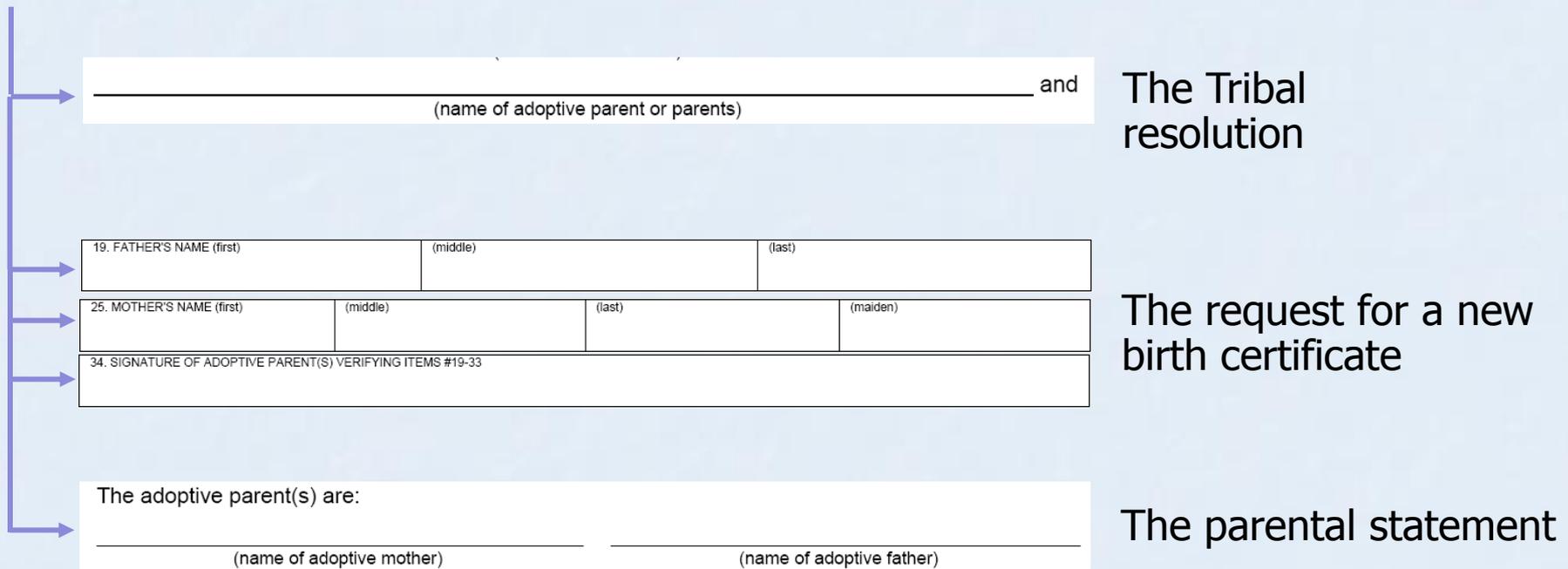
Biological Father's Signature _____
Biological Mother's Signature _____

The parental statement

The biological parents of _____
(name of child)
are _____ and _____
(name of mother) (name of father)

The tribal statement

The adoptive parent(s) name(s) must be the same on all pages of the form



The tribal official's name must be the same on all pages of the form

NOW THEREFORE BE IT RESOLVED THAT _____
(name of tribal official)

The Tribal resolution

I hereby certify that this adoption was recognized under the custom of the tribe. 35a. SIGNATURE AND SEAL OF TRIBAL OFFICIAL	35b. PRINT/TYPE NAME OF TRIBAL OFFICIAL
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The request for a new birth certificate

Signed _____
(signature of tribal official)

The Tribal statement

Before sending the cultural adoption paperwork to the Bureau, make a copy for your records.

Send the ORIGINAL paperwork and \$60 fee to:

Bureau of Vital Statistics
P.O. Box 110675
Juneau, AK 99811-0675

The Bureau of Vital Statistics cannot accept copies of original forms or faxes of original forms. All signatures, seals, and notarizations need to be original.