

# REQUEST FOR A NEW BIRTH CERTIFICATE FOLLOWING A CULTURAL ADOPTION

ALASKA DEPARTMENT OF HEALTH  
HEALTH ANALYTICS & VITAL RECORDS  
P.O. BOX 110675  
JUNEAU, ALASKA 99811-0675

## FOR VITAL RECORDS

STATE FILE NO.

DATE FILED

BIRTH CERTIFICATE NO.

Is this child in state custody?

(Do not leave blank)

Yes

No

### THIS DOCUMENT IS 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
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<b>CHILD</b>	3. NAME OF CHILD AFTER ADOPTION (first)		(middle)	(last)		
	4. NAME OF CHILD AT BIRTH (first)		(middle)	(last)		
	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		
			1	2		
	<b>PART I</b> Information on the original birth record	11. BIOLOGICAL FATHER'S NAME (first)		(middle)	(last)	
		12. FATHER'S RACE	13. NAME OF FATHER'S VILLAGE, TRIBE, OR COUNCIL		14. SOCIAL SECURITY NUMBER (If known)	
		15. BIOLOGICAL MOTHER'S NAME (first)		(middle)		
		(maiden – LAST NAME ON MOTHER'S BIRTH CERTIFICATE)		(last)		
		16. MOTHER'S RACE	17. NAME OF MOTHER'S VILLAGE, TRIBE, OR COUNCIL		18. SOCIAL SECURITY NUMBER (If known)	

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

#### (ALL OF THE FOLLOWING ITEMS ARE REQUIRED)

<b>PART II</b>  <b>Father</b> (Select one) Adoptive  Biological Parent A  <b>Mother</b> (Select one) Adoptive  Biological Parent B	19. FATHER/PARENT A'S NAME (first)		(middle)	(last, Suffix)		
	20. FATHER/PARENT A'S DATE OF BIRTH		21. STATE OF BIRTH		22. RACE	
	23. NAME OF FATHER/PARENT A'S VILLAGE, TRIBE, OR COUNCIL			24. FATHER/PARENT A'S SOCIAL SECURITY NUMBER		
	25. MOTHER/PARENT B'S NAME (first)		(middle)	(last)	(maiden)	
	26. MOTHER/PARENT B'S DATE OF BIRTH		27. STATE OF BIRTH		28. RACE	
	29. NAME OF MOTHER/PARENT B'S VILLAGE, TRIBE, OR COUNCIL			30. MOTHER/PARENT B'S SOCIAL SECURITY NUMBER		
	31. PHYSICAL ADDRESS AT TIME OF THIS BIRTH (If known) (City / Town) (State) (Zip Code)					
	32. ADOPTIVE PARENT'S CURRENT MAILING ADDRESS (City / Town) (State) (Zip Code)				33. TELEPHONE NUMBER	
	34. SIGNATURE OF ADOPTIVE PARENT(S) VERIFYING ITEMS #19-33.		SIGNATURE OF ADOPTIVE FATHER/PARENT A (Required)		SIGNATURE OF ADOPTIVE MOTHER/PARENT B (Required)	

<b>CERTIFICATION</b>	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. (Must match Tribal Resolution and Tribal Statement forms)		
	36a. DATE SIGNED	36b. POSITION IN TRIBE. (Must be President, Vice President, Chairman, or Tribal Administrator.)		37. TELEPHONE NUMBER	

**ENCLOSE \$60.00 FOR ADOPTION PROCESSING AND A CERTIFIED COPY OF NEW BIRTH CERTIFICATE.**

**IF YOU WOULD LIKE A CERTIFIED COPY OF THE COMPLETED ADOPTION PACKET, ENCLOSE AN ADDITIONAL \$30.00 WITH A LETTER ON TRIBAL LETTERHEAD AND A COPY OF THE TRIBAL OFFICIAL'S ID.**

# TRIBAL RESOLUTION

ALASKA DEPARTMENT OF HEALTH  
HEALTH ANALYTICS & VITAL RECORDS  
P.O. BOX 110675  
JUNEAU, ALASKA 99811-0675

NATIVE VILLAGE OF \_\_\_\_\_

RESOLUTION No. (Required) \_\_\_\_\_

**THIS DOCUMENT IS VALID FOR USE ONLY IN THE STATE OF ALASKA**

WHEREAS, the Native Village of \_\_\_\_\_ is the  
tribe of \_\_\_\_\_ ; and  
(Name of child as listed on Birth Certificate)

WHEREAS, the Native Village of \_\_\_\_\_ has recognized  
the adoption of \_\_\_\_\_ by  
(Name of child as listed on Birth Certificate)  
and  
(Name of Adoptive Parents)

WHEREAS, the adoptive parents wish to have a new birth certificate issued for  
\_\_\_\_\_ to reflect this adoption;  
(Name of child following adoption)  
*(Must match item 3 on page 1)*

NOW THEREFORE BE IT RESOLVED THAT

\_\_\_\_\_  
(Name of Tribal Official)  
*(Must match name on forms VS 901 & VS 8902)*

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

*(Required)*

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.

\_\_\_\_\_  
Signature of Secretary  
*(The Secretary and the Tribal Official can not be the same person)*

# TRIBAL STATEMENT

ALASKA DEPARTMENT OF HEALTH  
HEALTH ANALYTICS & VITAL RECORDS  
P.O. BOX 110675  
JUNEAU, ALASKA 99811-0675

**THIS DOCUMENT IS VALID FOR USE ONLY IN THE STATE OF ALASKA**

I affirm that \_\_\_\_\_, who is a member of, or is the biological  
(Name of child as listed on Birth Certificate)  
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 as listed on Birth Certificate)  
are \_\_\_\_\_ and \_\_\_\_\_  
(Name of biological mother) (Name of biological father)  
The adoptive parents are \_\_\_\_\_ and \_\_\_\_\_  
(Adoptive Father/Parent A) (Adoptive Mother/Parent B)

*(The following information is required. DO NOT leave blank. Select only one box for each parent)*

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. (**Must match form VS 901**) (M / D / Y)

Signed \_\_\_\_\_  
signature of Tribal Official. (**Must match form VS 901**)

Mailing Address

City, State, Zip

**AFFIX TRIBAL SEAL OR RESOLUTION**

# PARENTAL STATEMENT

ALASKA DEPARTMENT OF HEALTH  
HEALTH ANALYTICS & VITAL RECORDS  
P.O. BOX 110675  
JUNEAU, ALASKA 99811-0675

**THIS DOCUMENT IS VALID FOR USE ONLY IN THE STATE OF ALASKA**

I certify that I am the biological mother/father of \_\_\_\_\_  
(Name of child as listed on Birth Certificate)

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 Father/Parent A)

\_\_\_\_\_  
(Name of adoptive Mother/Parent B)

<b>BIOLOGICAL MOTHER</b>	
I certify under penalty of perjury that the foregoing is true.	
Biological Mother's Signature _____	
Mailing Address _____	
City, State, Zip _____	
<b>NOTARY</b>	
Subscribed and sworn to (or affirmed) before me at _____	
on the _____ day of _____, 20____.	
_____	Notary Seal
(Signature of notary)	
My commission expires: _____	
<b>BIOLOGICAL FATHER</b>	
I certify under penalty of perjury that the foregoing is true.	
Biological Father's Signature _____	
Mailing Address _____	
City, State, Zip _____	
<b>NOTARY</b>	
Subscribed and sworn to (or affirmed) before me at _____	
on the _____ day of _____, 20____.	
_____	Notary Seal
(Signature of notary)	
My commission expires: _____	

# 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             | FATHER             |
|    | Blood Type         | Blood Type         |
|    | Childhood Diseases | Childhood Diseases |
| 1. |                    | 1.                 |
| 2. |                    | 2.                 |
| 3. |                    | 3.                 |
| 4. |                    | 4.                 |
|    | Allergies          | Allergies          |
| 1. |                    | 1.                 |
| 2. |                    | 2.                 |
| 3. |                    | 3.                 |

### B. Medical Information about Blood Relatives

- 1.
- 2.
- 3.
- 4.

**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 | B. FATHER |
| Yes No    | 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

Health Analytics & Vital Records  
Special Services Unit  
P.O. Box 110675  
Juneau, Alaska 99801