

Cultural Adoption Training

Health Analytics & Vital Records Section
(HAVRS)

Special Services Unit

Phone: 907-465-1200

Email: BVSSpecialServices@alaska.gov



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)).

Definitions

Parent A and Parent B

This option is used for same-sex couples.

If you select this option, the Birth Certificate will show as PARENT/PARENT instead of MOTHER/FATHER.

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 HAVRS'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 (April 2020 revision date)
- We recommend that you save and keep a copy of the paperwork for your records before sending it to the HAVRS. However, you may need to request certified copies of the completed adoption packet for a fee, for social security, tribal enrollment, and other legal purposes. Please contact 465-1200 for information on how to obtain certified copies.

Request for New Birth Certificate

REQUEST FOR A NEW BIRTH CERTIFICATE FOLLOWING A CULTURAL ADOPTION				FOR VITAL RECORDS USE ONLY		
ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES HEALTH ANALYTICS & VITAL RECORDS P.O. BOX 110675 JUNEAU, ALASKA 99811-0675				STATE FILE NO.		
Is this child in state custody? (Do not leave blank) <input type="checkbox"/> Yes <input type="checkbox"/> No				DATE FILED		
THIS DOCUMENT IS VALID FOR USE ONLY IN THE STATE OF ALASKA				BIRTH CERTIFICATE NO.		
1. CITY, TOWN, OR VILLAGE WHERE CHILD LIVED WHEN ADOPTION OCCURRED		2. TRIBAL VILLAGE OR COUNCIL RECOGNIZING ADOPTION				
CHILD	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			
PART I 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)	(last)			
	(maiden - LAST NAME ON MOTHER'S BIRTH CERTIFICATE)					
	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)					
PART II Father (Select one) <input type="checkbox"/> Adoptive <input type="checkbox"/> Biological <input type="checkbox"/> Parent A Mother (Select one) <input type="checkbox"/> Adoptive <input type="checkbox"/> Biological <input type="checkbox"/> 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)		SIGNATURE OF ADOPTIVE FATHER/PARENT A (Required)		SIGNATURE OF ADOPTIVE MOTHER/PARENT B (Required)	
35. I hereby certify that this adoption was recognized under the custom of the tribe. 35a. SIGNATURE AND SEAL OF TRIBAL AUTHORITY		35b. PRINT THE 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		

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.

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

TRIBAL RESOLUTION

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)

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

Tribal Statement

TRIBAL STATEMENT

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
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

The tribal statement tells the HAVRS 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.

Parental Statement

PARENTAL STATEMENT
ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
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)

<p>BIOLOGICAL MOTHER I certify under penalty of perjury that the foregoing is true.</p> <p>Biological Mother's Signature _____</p> <p>Mailing Address _____</p> <p>City, State, Zip _____</p> <p>NOTARY Subscribed and sworn to (or affirmed) before me at _____ on the _____ day of _____, 20____.</p> <p>_____ (Signature of notary) My commission expires: _____</p>	<p>Notary Seal</p> <div style="border: 1px solid black; width: 100%; height: 100%;"></div>
<p>BIOLOGICAL FATHER I certify under penalty of perjury that the foregoing is true.</p> <p>Biological Father's Signature _____</p> <p>Mailing Address _____</p> <p>City, State, Zip _____</p> <p>NOTARY Subscribed and sworn to (or affirmed) before me at _____ on the _____ day of _____, 20____.</p> <p>_____ (Signature of notary) My commission expires: _____</p>	<p>Notary Seal</p> <div style="border: 1px solid black; width: 100%; height: 100%;"></div>

VS 8003
(Rev. April 2020)

Page 4 of 4

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

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 HAVRS 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 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

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 HAVRS must be originals
 - The HAVRS 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 HAVRS cannot accept forms that have:
 - Erasures  An icon of a yellow eraser on a pink notepad.
 - Whiteout  An icon of a whiteout bottle and a whiteout pad.
 - Cross outs  An icon showing the word "Philip" with a black 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 requesting the Birth Certificate for adoption purposes ONLY.
 - The Birth Certificate request form located at:
http://dhss.alaska.gov/dph/VitalStats/Documents/birth/birth_form.pdf
 - 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 HAVRS, 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 HAVRS, a local courthouse, or hospital.

AFFIDAVIT OF PATERNITY											OFFICIAL USE ONLY:	
PLEASE TYPE OR PRINT ALL INFORMATION LEGIBLY IN BLUE OR BLACK INK											AFFIDAVIT # _____	
IMPORTANT: READ THE BACK OF THIS FORM BEFORE COMPLETING OR SIGNING											CERTIFICATE # _____	
FACTS AS SHOWN ON CHILD'S BIRTH CERTIFICATE	1. NAME OF CHILD FIRST MIDDLE LAST SUFFIX				2. CHILD'S BIRTH DATE MONTH/DAY/YEAR							
	3. CITY/TOWN OF BIRTH			4. HOSPITAL			5. MOTHER'S MAIDEN NAME (Mother's last name OR HER BIRTH OR (last))					
	6. NAME OF FATHER FIRST MIDDLE LAST SUFFIX				7. FATHER'S BIRTH DATE MONTH/DAY/YEAR							
BIOLOGICAL FATHER OF CHILD	8. *SOCIAL SECURITY NUMBER		9. BIRTHPLACE STATE/COUNTRY		10. HISPANIC ORIGIN		11. RACE		12. EDUCATION (Highest Grade Completed) <small>(Elementary/Secondary (1-12) College (1-4 or 5+))</small>			
	13. MOTHER I have read and understand the back of this form and with this affidavit I certify that I am the mother of the child, that the information I provided is true, and that I make this affidavit for the purpose of attesting that the man named below is the biological father of the child. Choose only one Marital status during pregnancy: <input type="checkbox"/> Divorced Date _____ State _____ <input type="checkbox"/> Widowed Date _____ State _____ <input type="checkbox"/> Married <input type="checkbox"/> Never Married <small>(Divorce date and State required) (Widow date and State required)</small> Telephone #: _____ *Social Security #: _____ Mother's Signature: _____ Mother's Mailing Address: _____											
NOTARY Subscribed and sworn to before me this _____ day of _____, 20____ Notary For: _____ (State) _____											NOTARY SEAL	
Notary Signature: _____ My Commission Expires: _____												
Witness (Print Name) _____ Telephone # _____ Witness Signature _____ Date Signed _____ Address _____ I willingly state that I know the person who has signed this form to be the person that they state they are and I have witnessed their signature upon this form.												
14. FATHER (if not married to the mother) I have read and understand the back of this form and with this affidavit I certify that I am the biological father of the child, that the information I provided is true; and that I make this affidavit for the purpose of attesting I am the biological father of the child. Telephone #: _____ *Social Security #: _____ Father's Signature: _____ Father's Mailing Address: _____												
NOTARY Subscribed and sworn to before me this _____ day of _____, 20____ Notary For: _____ (State) _____											NOTARY SEAL	
Notary Signature: _____ My Commission Expires: _____												
Witness (Print Name) _____ Telephone # _____ Witness Signature _____ Date Signed _____ Address _____ I willingly state that I know the person who has signed this form to be the person that they state they are and I have witnessed their signature upon this form.												
15. HUSBAND (Leave blank if the mother was not married from the time of conception to birth) I have read and understand the back of this form and with this affidavit I certify that I am the husband of the mother; that the information I provided is true; and that I make this affidavit for the purpose of attesting that I am not the biological father of the child. Telephone #: _____ *Social Security #: _____ Husband's Signature: _____ Husband's Mailing Address: _____												
NOTARY Subscribed and sworn to before me this _____ day of _____, 20____ Notary For: _____ (State) _____											NOTARY SEAL	
Notary Signature: _____ My Commission Expires: _____												
Witness (Print Name) _____ Telephone # _____ Witness Signature _____ Date Signed _____ Address _____ I willingly state that I know the person who has signed this form to be the person that they state they are and I have witnessed their signature upon this form.												

VS 06-5376 Revised 02/2020 **Mail To: Health Analytics and Vital Records, P.O. Box 110675, Juneau, Alaska 99811-0675**
*Disclosure of your social security number is mandatory under 42 U.S.C. § 666 (a)(13) and may be used for child support purposes

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 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 will be listed on the birth certificate, even if the husband is not the biological father. To add 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.
 - Paternity can also be established or disestablished by CSSD or a court order.

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

Is this child in state custody?
(Do not leave blank) Yes No

FOR VITAL RECORDS USE ONLY	
STATE FILE NO.	
DATE FILED	
BIRTH CERTIFICATE NO.	

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

If yes, check this box and contact OCS to get a release from state custody. The Health Analytics & Vital Records 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
 HEALTH ANALYTICS & VITAL RECORDS
 P.O. BOX 110675
 JUNEAU, ALASKA 99811-0675

FOR VITAL RECORDS USE ONLY
 STATE FILE NO. _____
 DATE FILED _____
 BIRTH CERTIFICATE NO. _____

Is this child in state custody? Yes No
 (Do not leave blank)

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

CHILD INFORMATION

1. NAME OF CHILD AFTER ADOPTION (first, middle, last) (950) (950) (950)
 2. NAME OF CHILD AT BIRTH (950) (950) (950)
 3. DATE OF BIRTH (950) (950) (950)
 4. PLACE OF BIRTH (950) (950) (950)
 5. SEX (950) (950) (950)
 6. RACE (950) (950) (950)
 7. NAME OF CHILD'S VILLAGE, TRIBE, OR COUNCIL (950) (950) (950)
 8. NUMBER OF PERSONS ADOPTING (950) (950) (950)
 9. BIOLOGICAL FATHER'S NAME (950) (950) (950)
 10. SOCIAL SECURITY NUMBER (950) (950) (950)
 11. FATHER'S RACE (950) (950) (950)
 12. NAME OF FATHER'S VILLAGE, TRIBE, OR COUNCIL (950) (950) (950)
 13. BIOLOGICAL MOTHER'S NAME (950) (950) (950)
 14. LAST NAME ON MOTHER'S BIRTH CERTIFICATE (950) (950) (950)
 15. MOTHER'S RACE (950) (950) (950)
 16. NAME OF MOTHER'S VILLAGE, TRIBE, OR COUNCIL (950) (950) (950)
 17. SOCIAL SECURITY NUMBER (950) (950) (950)

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

PART II

Father (Select one)
 Adoptive
 Biological
 Parent A

Mother (Select one)
 Adoptive
 Biological
 Parent B

19. FATHER/PARENT AS NAME (950) (950) (950)
 20. FATHER/PARENT AS DATE OF BIRTH (950) (950) (950)
 21. STATE OF BIRTH (950) (950) (950)
 22. RACE (950) (950) (950)
 23. NAME OF FATHER/PARENT AS VILLAGE, TRIBE, OR COUNCIL (950) (950) (950)
 24. FATHER/PARENT AS SOCIAL SECURITY NUMBER (950) (950) (950)
 25. MOTHER/PARENT AS NAME (950) (950) (950)
 26. MOTHER/PARENT AS DATE OF BIRTH (950) (950) (950)
 27. STATE OF BIRTH (950) (950) (950)
 28. RACE (950) (950) (950)
 29. NAME OF MOTHER/PARENT AS VILLAGE, TRIBE, OR COUNCIL (950) (950) (950)
 30. MOTHER/PARENT AS SOCIAL SECURITY NUMBER (950) (950) (950)
 31. PHYSICAL ADDRESS AT TIME OF THIS BIRTH (City/Town) (State) (Zip Code)
 32. ADOPTIVE PARENT'S CURRENT MAILING ADDRESS (City/Town) (State) (Zip Code)
 33. TELEPHONE NUMBER (950) (950) (950)
 34. SIGNATURE OF ADOPTIVE PARENT(S) VERIFYING ITEMS #19-33 (950) (950) (950)
 35. SIGNATURE OF ADOPTIVE FATHER/PARENT A (Required) (950) (950) (950)
 36. SIGNATURE OF ADOPTIVE MOTHER/PARENT B (Required) (950) (950) (950)

CERTIFICATION

37. I hereby certify that the adoption was recognized under the custom of the tribe. (30) SIGNATURE AND SEAL OF TRIBAL AUTHORITY (950) (950) (950)
 38. IDENTIFY THE TOWNS OF PERSONS BORN IN VILLAGE OR TRIBE (Must match Tribal Resolution and Tribal Statement forms) (950) (950) (950)
 39. DATE ENDORSED (950) (950) (950)
 40. POSITION IN TRIBE (Must be President, Vice President, Chairman or Tribal Administrator) (950) (950) (950)
 41. TELEPHONE NUMBER (950) (950) (950)

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.

V5 901 (Rev. April 2020)
 Page 1 of 4

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
---	---

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

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

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 (if other than certifier) (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
---	-----------------------	----------------------

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
 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			
CHILD 2. SEX F	3a. DATE OF BIRTH (Month, Day, Year) 11/05/2003	3b. HOUR 99:99	3c. CITY, VILLAGE OR LOCATION Cicely
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) 09/09/99	8. CERTIFIER'S NAME AND TITLE (Type, Print) 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.P. <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 DOUG		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)		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	
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

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
BUREAU OF VITAL STATISTICS - JUNEAU, ALASKA 99811

150 2007-999999
STATE FILE NUMBER

RECORDER'S NO. [] DATE RECEIVED 04/01/2007

1. CHILD-NAME FIRST MIDDLE LAST		
CHILD 2. SEX	3a. DATE OF BIRTH (Month, Day, Year)	3b. HOUR 99:99 M
STATE OF BIRTH ALASKA		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) 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.P. <input type="checkbox"/> Other Midwife <input checked="" type="checkbox"/> Other (Specify)		9. ATTENDANT'S NAME & TITLE (if other than certifier) (Type/Print) Name: JANE DOUGH <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)
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)		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
FATHER 16. FATHER'S NAME (First, Middle, Last) JAKE GUY SAM		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		

11. BIOLOGICAL FATHER'S NAME (first) JAKE	(middle) GUY	(last) 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 with the adoption packet.

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 or unknown

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		
CHILD 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
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) 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 or unknown.

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

FOR VITAL RECORDS USE ONLY
 STATE FILE NO.: _____
 DATE FILED: _____
 BIRTH CERTIFICATE NO.: _____

Is this child in state custody? Yes No
 (Do not leave blank)

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	
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 PARENTS ADOPTING 1 2	
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) (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)

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) (suffix)			
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) VERIFY INFO ITEMS #19-33		SIGNATURE OF ADOPTIVE FATHER/PARENT A (Required)	
		SIGNATURE OF ADOPTIVE MOTHER/PARENT B (Required)	

CERTIFICATION

35a. DATE SIGNED		35b. PRINT TYPE NAME OF PERSON SIGNING FOR VILLAGE OR TRIBE (Must match Tribal Resolution and Tribal Statement forms)	
36a. 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.

VS 901 (Rev. April 2020) Page 1 of 4

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

PART II

Father

(Select one)

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.

Parent A

If Parent A adopting the child is of same-sex then check this box.

Mother

(Select one)

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.

Parent B

If Parent B adopting the child is of same-sex then check this box.

Completing the Request for a New Birth Certificate – Part II

Items 19-24 are about the adoptive Father/Parent A

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/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	

Completing the Request for a New Birth Certificate – Part II

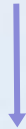
Item 19

The adoptive father/parent A's name

The adoptive father/parent A's
first name goes here



The adoptive father/parent A's
middle name



The adoptive father/parent A's
last name



19. FATHER/PARENT A'S NAME (first) father/parent A's first name	(middle) father/parent A's middle name	(last, Suffix) father/parent A's last name, Suffix
---	--	--

Completing the Request for a New Birth Certificate – Part II

Items 20-22

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

The adoptive father/parent A's date of birth goes here

The adoptive father/parent A's state of birth goes here

The adoptive father/parent A's race goes here

20. FATHER/PARENT A'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/parent A's village or council and SSN

The adoptive father/parent A's village or council

The adoptive father/parent A's SSN

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

Note: The adoptive father/parent A'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/parent B

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

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	

Completing the Request for a New Birth Certificate – Part II

Item 25

The adoptive mother/parent B's name

The adoptive mother/
parent B's first name
goes here

The adoptive mother/
parent B's middle name

The adoptive
mother/parent B's
last name

The adoptive mother/
parent B's maiden name

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

Note: The adoptive mother/parent B's maiden name is the last name listed on the birth certificate

Completing the Request for a New Birth Certificate – Part II

Items 26-28

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

The adoptive mother/
parent B's date of birth



The adoptive mother/parent B's
state of birth



The adoptive mother/
parent B's race



26. MOTHER/PARENT B'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/parent B's village or council and SSN.

The adoptive mother/parent B's village or council

The adoptive mother/parent B's SSN

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

Note: The adoptive mother/parent B'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. We use this information for communication. DO NOT leave blank.

31. PHYSICAL ADDRESS AT TIME OF THIS BIRTH (If known)			
	(City / Town)	(State)	(Zip Code)
32. ADOPTIVE PARENT'S CURRENT MAILING ADDRESS			33. TELEPHONE NUMBER
	(City / Town)	(State)	(Zip Code)

Completing the Request for a New Birth Certificate – Part II

Item 31

The adoptive parent's residence address at time of the child's birth.

The street address

The city/town

And the state

Zip code

<small>31. PHYSICAL ADDRESS AT TIME OF THIS BIRTH (If known)</small> Residence at child's birth	<small>(City / Town)</small> City, town, or location	<small>(State)</small> Alaska	<small>(Zip Code)</small> 99999
---	--	---	---

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. This information is required.

The adoptive parent(s)
mailing address

The adoptive parent(s)
phone number

32. ADOPTIVE PARENT'S CURRENT MAILING ADDRESS	(City / Town)	(State)	(Zip Code)	33. TELEPHONE NUMBER
Current mailing address				XXX-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 is adopting. Original signatures are required.

The adoptive father/parent A sign here

The adoptive mother/parent B sign here

34. SIGNATURE OF ADOPTIVE PARENT(S) VERIFYING ITEMS #19-33.	SIGNATURE OF ADOPTIVE FATHER/PARENT A <i>(Required)</i> Sign here	SIGNATURE OF ADOPTIVE MOTHER/PARENT B <i>(Required)</i> Sign here
--	---	---

Completing the Request for a New Birth Certificate – Part II

Items 35-37 are about the Tribal Official that is approving the adoption and it must be the President, Vice President, Chairman, or Tribal Administrator. (The Secretary, ICWA coordinator, or admin support staff can't sign as the Tribal Official)

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

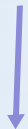
Completing the Request for a New Birth Certificate – Part II

Items 35a – 35b

The signature and typed/printed name of the tribal authority (Tribal Official)

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 VILLAGE OR TRIBE. <i>(Must match Tribal Resolution and Tribal Statement forms)</i></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 (Must be President, Vice President, Chairman, or Tribal Administrator) 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. <i>(Must be President, Vice President, Chairman, or Tribal Administrator.)</i> 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. **Please do not submit outdated forms.** Our current fees for processing the adoption and obtaining a new Birth Certificate is \$60. This fee does not include *certified copies of the completed cultural adoption packet* which is extra \$30. At some point, you will need certified copies of the adoption (adoption decree) for social security, tribal enrollment, and other legal purposes. We require a letter on Tribal letterhead and copy of photo ID of the Tribal official requesting the copies.

For more information on how to request certified copies of the adoption, please contact our Special Services unit at 465-1200.

**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.**

VS 901
(Rev. April-2020)

Revision Date. The revision date for the most current form is April 2020

Current Fee. The most recent adoption fee is \$60. This fee includes one birth certificate. Add extra \$30 and letter/ID from council for certified copies of the completed adoption packet.

Completing the Parental Statement

PARENTAL STATEMENT

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
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)

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____.

(Signature of notary) 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____.

(Signature of notary) My commission expires: _____

Completing the Parental Statement

PARENTAL STATEMENT

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
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 I Am Sam
(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 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 Father/parent A Adoptive Mother/parent B
(Name of adoptive Father/Parent A) (Name of adoptive Mother/Parent B)

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

The name of your council or village

The adoptive mother/parent B's name must match the name on the request for a new birth certificate form VS 901 (Item 19)

The adoptive father/parent A's name must match the name on the request for a new birth certificate form VS 901 (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	<u>Mother's</u>
Mailing Address	<u>signature Mother's mailing</u>
City, State, Zip	<u>address City, state, and zip</u>
	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 April, 2020.

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 text labels to the corresponding fields in the form. The labels are: 'The day, month, and year signed' pointing to the date '20th April, 2020'; 'The city where signed' pointing to the 'Location' field; 'The notary's seal/stamp' pointing to the empty box on the right; '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	<u>Father's signature</u>
Mailing Address	<u>mailing address</u>
City, State, Zip	<u>Father's city, state, and zip code</u>
	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 April, 2020.

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 text to the corresponding fields: 'The day, month, and year signed' points to the date '20th April, 2020'; 'The city where signed' points to the 'Location' field; 'The notary's seal/stamp' points to an empty box on the right; 'The notary signs here' points to the 'Notary's signature' field; and 'The date the notary's commission expires' points to the 'My commission expires' field.

Completing the Tribal Statement

TRIBAL STATEMENT

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
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

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

TRIBAL STATEMENT

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
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 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. **DO NOT** leave blank.

If a father is not listed on the original birth certificate, you may leave the father's section blank.

(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).

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 Tribal official must remain the same person thorough the cultural packet, and this person must sign form VS 901 and VS 8902.

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

Signed Signature of the tribal official*
signature of Tribal Official. (Must match form VS 901)

Mailing Address Mailing address

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

AFFIX TRIBAL SEAL OR RESOLUTION

The date signed

The signature of the Tribal Official

The address of the Tribe or Council

Stamp form with Tribal Seal or attach Resolution form if available.

***Note:** the tribal Secretary may not sign as a Tribal Official.

Completing the Tribal Resolution

TRIBAL RESOLUTION

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 _____;
(Name of child as listed on Birth Certificate); and

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)

Completing the Tribal Resolution

The tribe's resolution number goes here. This is required. DO NOT leave blank.

TRIBAL RESOLUTION

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

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

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

Your village or council name goes here

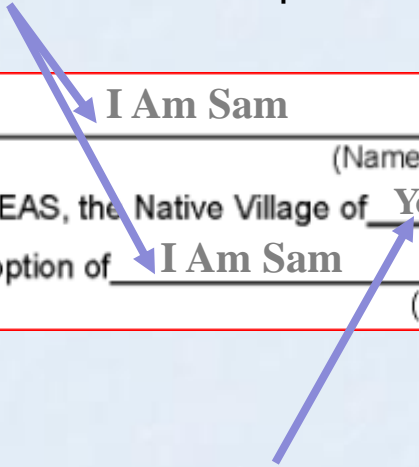
Completing the Tribal Resolution

The child's name at birth goes here

Note: This information must be the same throughout the whole cultural adoption packet and it must match the Birth Certificate. If it doesn't match, it will be deemed unacceptable for processing.

tribe of I Am Sam; and
(Name of child as listed on Birth Certificate)

WHEREAS, the Native Village of Your village or council name has recognized
the adoption of I Am Sam by
(Name of child as listed on Birth Certificate)



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 VS 901.

(Name of child as listed on Birth Certificate)
Names of adoptive father/parent A and adoptive mother/parent B _____ and
(Name of Adoptive Parents)

WHEREAS, the adoptive parents wish to have a new birth certificate issued for
Child's new name (after adoption) _____ to reflect this adoption;
(Name of child following adoption)
(Must match item 3 on page 1)

The child's adoptive name goes here

Note: This information must match item 3 on the new (after-adoption) certificate request form VS 901. If name doesn't match, we will require a new 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 April, 2020.

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 or admin. support staff.

Before You Send In the Paperwork



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

Note: Child's name at birth must match the birth certificate

4. NAME OF CHILD AT BIRTH (first)	(middle)	(last)
-----------------------------------	----------	--------

The request for a new birth certificate.
VS 901

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)

The Tribal resolution
VS 8901

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)

The Tribal statement
VS 8902

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

The parental statement
VS 8903

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

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

The request for a new birth certificate

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)

The Tribal Resolution

Note: The child's name after adoption must match on both forms. If name doesn't match, we will require a new forms.

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

Note: The name of the biological parents must match the names listed on the child's Birth Certificate.

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 as listed on Birth Certificate)
are _____ and _____ (Name of biological mother) (Name of biological father)

The tribal statement

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

19. FATHER/PARENT A'S NAME (first)	(middle)	(last, Suffix)
------------------------------------	----------	----------------

25. MOTHER/PARENT B'S NAME (first)	(middle)	(last)	(maiden)
------------------------------------	----------	--------	----------

34. SIGNATURE OF ADOPTIVE PARENT(S) VERIFYING ITEMS #19-33.	SIGNATURE OF ADOPTIVE FATHER/PARENT A <i>(Required)</i>	SIGNATURE OF ADOPTIVE MOTHER/PARENT B <i>(Required)</i>
---	---	---

_____ and
(Name of Adoptive Parents)

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)

The request for a new birth certificate VS 901

The Tribal resolution VS 8901

The parental statement VS 8903

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

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. <i>(Must match Tribal Resolution and Tribal Statement forms)</i>
---	---

The request for a new birth certificate

NOW THEREFORE BE IT RESOLVED THAT _____
(Name of Tribal Official)
(Must match name on forms VS 901 & VS 8902)

The Tribal resolution

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)*

The Tribal statement

Before sending the cultural adoption paperwork to the Health Analytics & Vital Records, make a copy for your personal records.

Send the **ORIGINAL** paperwork and \$60 fee to:

Health Analytics & Vital Records Section
Special Services Unit
P.O. Box 110675
Juneau, AK 99811-0675

The Health Analytics & Vital Records **cannot** accept copies of original forms or faxes of original forms. **All signatures, seals, and notarizations need to be original.**

See instructions on last page on how to obtain certified copies of the completed cultural adoption packet.

INSTRUCTIONS TO OBTAIN CERTIFIED COPIES OF THE COMPLETED CULTURAL ADOPTION.

After a Cultural Adoption occurs it is common for adoptive parents to require certified copies of the cultural adoption papers (adoption decree). These legal documents are often required to show proof of adoption for social security, tribal enrollment, insurance, and other legal purposes. Please note that these documents must be sent directly to the tribal council unless the letter from the council states to mail it to the parents and provides their current mailing address.

In order to obtain the adoption decree the following must be submitted:

1. A letter written on Tribal letterhead from the council who granted the adoption requesting certified copies of the cultural adoption. In this letter please list: the Adoptee's full name after adoption, date of birth, adoptive parent's names, and which tribe the child is a member of.
2. A photocopy of the current photo ID of the tribal employee who signs the Council's letter request. ID and signature on letter must match.
3. A check or money order in the amount of \$30.00 and the mailing address or the tribe that recognized the adoption. We also accept payment by credit card via the Birth Certificate Request form. Please note that with credit card payments we will also require a photocopy of ID of the cardholder with a signature underneath it. If faxed or emailed, we require an additional \$11 expedite fee; otherwise standard issuance time will apply. Please see the Birth Certificate Request form for more information regarding payments by credit card.

Please submit all 3 items together to us to:

Health Analytics and Vital Records
Attn: Adoptions
PO Box 110675
Juneau, AK 99801

If paying by credit card, you may also send it by fax or email to:

Fax: 907-465-3423 ATTN: Adoptions
BVSSpecialServices@alaska.gov

****To avoid double charges, please use only one of the above methods****