

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA AT \_\_\_\_\_

**REPORT OF INDIAN ADOPTIVE PLACEMENT**

TO: Dept. of the Interior, Bureau of Indian Affairs  
Div. of Human Services  
1849 C Street, NW, MS-4513-MIB  
Washington, D.C. 20240

The following information is provided pursuant to § 1951 of the Indian Child Welfare Act (codified at 25 U.S.C. § 1901 et. seq. and 25 C.F.R. § 23.71):

- 1. Copy of the final adoption decree for:  
Child's name before adoption: \_\_\_\_\_  
Child's name after adoption: \_\_\_\_\_  
Child's date of birth: \_\_\_\_\_  
Adoption Case Number: \_\_\_\_\_

- 2. Child's tribal affiliation(s): \_\_\_\_\_

- 3. Names and addresses of the child's biological parents:

_____	_____	_____	_____
Name	Address		
	City	State	Zip Code
_____	_____	_____	_____
Name	Address		
	City	State	Zip Code

- 4. Names and addresses of the child's adoptive parent(s):

_____	_____	_____	_____
Name	Address		
	City	State	Zip Code
_____	_____	_____	_____
Name	Address		
	City	State	Zip Code

- 5. The agency having files or information relating to this adoptive placement:  
\_\_\_\_\_

- 6.  If this box is checked, the court records contain an affidavit of the biological parent(s) requesting that their identity remain confidential, and a copy of the affidavit is attached.

\_\_\_\_\_ Date \_\_\_\_\_ Judge/Clerk

cc: BIA – Alaska Region  
Attn: Human Services  
3601 C Street, Suite 1200 MC-403  
Anchorage, Alaska 99503