

**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

STATE FILE NO.

DATE FILED

BIRTH CERTIFICATE NO.

Is this child in state custody? ☐ Yes ☐ No

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

2. TRIBAL VILLAGE OR COUNCIL RECOGNIZING ADOPTION

(last)

(last)

8. RACE

10. NUMBER OF PERSONS ADOPTING	
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2

(last)

14. SOCIAL SECURITY NUMBER

(middle)

(last)

18. SOCIAL SECURITY NUMBER

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

(THE FOLLOWING ITEMS ARE REQUIRED)

(last)

22. RACE

24. SOCIAL SECURITY NUMBER

(maiden)

28. RACE

30. SOCIAL SECURITY NUMBER

(Zip Code)

33. TELEPHONE NUMBER

ÙŒÞÆWÜÒÁÚŒŒŒÞVÆ (Required)

CERTIFICATION

35a. SIGNATURE AND SEAL OF TRIBAL AUTHORITY

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

NATIVE VILLAGE OF _____ RESOLUTION NO. _____

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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)
_____ and
(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)
(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

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

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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. (**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 AND SOCIAL SERVICES
HEALTH ANALYTICS & VITAL RECORDS
P.O. BOX 110675
JUNEAU, ALASKA 99811-0675

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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_____.

(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: _____

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

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