



# 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)

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 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**

# 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: \_\_\_\_\_

# 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_