

**BUREAU OF INDIAN AFFAIRS**

**REQUEST FOR CERTIFICATE OF DEGREE OF INDIAN OR ALASKA NATIVE BLOOD**

<p><b>Requester's Name (list all names by which Requester is or has been known):</b></p>	<p><b>Requester's Address (including zip code):</b></p>	<p><b>Date Received by Bureau of Indian Affairs:</b></p>
<p>Requester's Date of Birth:</p>	<p>Father's name:</p>	<p>Paternal Great Grandfather's Name:</p>
<p>Requester's Place of Birth:</p>	<p>Paternal Grandfather's Name:</p>	<p>Tribe: Roll No: DOB: Deceased/Year</p>
<p>Is Requester Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Tribe: Roll No.: DOB: Deceased/Year</p>	<p>Paternal Great Grandmother's Name: Tribe: Roll No: DOB: Deceased/Year</p>
<p>Are Requester's Parents Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Paternal Grandmother's Name: Tribe: Roll No: DOB: Deceased/Year</p>	<p>Paternal Great Grandfather's Name: Tribe: Roll No: DOB: Deceased/Year</p>
<p>If Yes, list natural (birth) parents: (If known)</p>	<p>Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No Year _____</p>	<p>Paternal Great Grandmother's Name: Tribe: Roll No: DOB: Deceased/Year</p>
<p>Tribe(s) with which Requester is enrolled:</p>	<p>Mother's Name:</p>	<p>Maternal Great Grandfather's Name: Tribe: Roll No: DOB: Deceased/Year</p>
<p>Roll Nos:</p>	<p>Tribe: Roll No.: DOB: Deceased/Year</p>	<p>Maternal Great Grandmother's Name: Tribe: Roll No: DOB: Deceased/Year</p>
	<p>Maternal Grandmother's Name: Tribe: Roll No: DOB: Deceased/Year</p>	<p>Maternal Great Grandfather's Name: Tribe: Roll No: DOB: Deceased/Year</p>