

**BUREAU OF INDIAN AFFAIRS**

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

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

## NOTICES AND CERTIFICATION

### NOTICE OF APPEAL RIGHTS.

- When you receive your CDIB, you must review it for the correct name spelling, birth dates, and blood degrees. If you believe that there are any mistakes on the CDIB, you must give a written request for corrections and provide supporting documentation to the issuing officer.
- If you are denied a CDIB, you will be given a written determination with an explanation for the denial and a copy of the appeal procedures contained in 25 CFR Part 62.

### NOTICE OF PAPERWORK REDUCTION ACT.

The information collection requirement this request have been approved by the Office of Management and Budget under the Paperwork Reduction Act of 1995, 44 U.S.C. 3507(d), and assigned clearance number 1076-0153. The agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Information is collected when individuals seek certification that they possess sufficient Indian blood to receive Federal program services based upon their status as American Indians or Alaska Natives. The information collected will be used to assist in determining eligibility of the individual to receive Federal program services. The information is supplied by a respondent to obtain a Certificate of Degree of Indian or Alaska Native Blood. It is estimated that responding to the request will take an average of 1.5 hours to complete. This includes the amount of time it takes to gather the information and fill out the form. If you wish to make comments on the form, please send them to the Information Collection Clearance Officer, Bureau of Indian Affairs, 625 Herndon Parkway, Herndon, Virginia 20170. Note: comments, names and addresses of commentators are available for public review during regular business hours. If you wish us to withhold this information, you must state this prominently at the beginning of your comment. We will honor your request to the extent allowable by law. In compliance with the Paperwork Reduction Act of 1995, as amended, the collection has been reviewed by the Office of Management and Budget, and assigned a number and expiration date. The number and expiration date are at the top right corner of the form.

### NOTICE OF PRIVACY ACT STATEMENT.

This information is collected as provided pursuant to the Privacy Act, 5 U.S.C. 552a. The Bureau of Indian Affairs will not disclose any record containing such information without the written consent of the respondent unless the requestor uses the information to perform assigned duties. The primary use of this information is to certify that an individual possesses Indian blood to receive Federal program services. Examples of others who may request the information are U.S. Department of Justice or in a proceeding before a court or adjudicative body; Federal, state, local, or foreign law enforcement agency; Members of Congress; Department of Treasury to effect payment; a Federal agency for collecting a debt; and other Federal agencies to detect and eliminate fraud.

### NOTICE OF EFFECTS OF NON-DISCLOSURE.

Disclosure of the information on this CDIB request is voluntary. However, proof of Indian blood is required to receive certain Federal program services.

### NOTICE OF STATEMENTS AND SUBMISSIONS.

Falsification or misrepresentation of information provided on this request is punishable under Federal Law, 18 U.S.C. 1001. Conviction may result in a fine and/or imprisonment of not more than 5 years.

I request a CDIB, and certify that I have read the instructions, and above notices about my request for a CDIB. I further certify that the information which I have provided with this request to the Bureau of Indian Affairs is true and correct.

\_\_\_\_\_  
(Requester's signature)

\_\_\_\_\_  
(date)

**SWORN STATEMENT  
AFFIDAVIT**

I, \_\_\_\_\_, do solemnly swear that I am  
Natural mother  
the natural mother of \_\_\_\_\_ whose date of birth  
Child's name  
is \_\_\_\_\_; and that \_\_\_\_\_ is the  
natural father of my child. This birth occurred in \_\_\_\_\_.  
City and state

\_\_\_\_\_  
Signature of natural father

\_\_\_\_\_  
Signature of natural mother

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_  
Commission No.: \_\_\_\_\_

Notary: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_  
Commission No.: \_\_\_\_\_

*S 1001. Statements or entries generally*

*Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device or material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both.*

*June 25, 1948, C. 645, 62 Stat. 749.*