REQUEST FOR A NEW BIRTH CERTIFICATE FOLLOWING A CULTURAL ADOPTION

ALASKA DEPARTMENT OF HEALTH
HEALTH ANALYTICS & VITAL RECORDS
P.O. BOX 110675
JUNEAU, ALASKA 99811-0675

FOR VITAL RECORDS
STATE FILE NO.
DATE FILED
BIRTH CERTIFICATE NO.

Is this child in state custody? (Do not leave blank) ☐ Yes ☐ No

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

	1. CITY, TOWN, OR VILLAGE WHERE CHILD LIVED WHEN ADOPTION OCCURRED		2. TRIBAL VILLAGE OR COUNCIL RECOGNIZING ADOPTION	
CHILD	3. NAME OF CHILD AFTER ADOPTION (first)	(middle)	(last)	
	4. NAME OF CHILD AT BIRTH (first)	(middle)	(last)	
	5. DATE OF BIRTH	6. PLACE OF BIRTH	7. SEX	8. RACE
	9. NAME OF CHILD'S VILLAGE, TRIBE, OR COUNCIL		10. NUMBER OF PERSONS ADOPTING ☐ 1 ☐ 2	
PART I Information on the original birth record	11. BIOLOGICAL FATHER'S NAME (first)	(middle)	(last)	
	12. FATHER'S RACE	13. NAME OF FATHER'S VILLAGE, TRIBE, OR COUNCIL	14. SOCIAL SECURITY NUMBER (If known)	
	15. BIOLOGICAL MOTHER'S NAME (first)	(middle)		
	(maiden – LAST NAME ON MOTHER'S BIRTH CERTIFICATE)	(last)		
	16. MOTHER'S RACE	17. NAME OF MOTHER'S VILLAGE, TRIBE, OR COUNCIL	18. SOCIAL SECURITY NUMBER (If known)	

PLEASE ENTER INFORMATION BELOW AS IT IS TO APPEAR ON THE NEW BIRTH RECORD.
(ALL OF THE FOLLOWING ITEMS ARE REQUIRED)

PART II

Father (Select one)
☐ Adoptive
☐ Biological
☐ Parent A

Mother (Select one)
☐ Adoptive
☐ Biological
☐ Parent B

	19. FATHER/PARENT A'S NAME (first)	(middle)	(last, Suffix)	
	20. FATHER/PARENT A'S DATE OF BIRTH	21. STATE OF BIRTH	22. RACE	
	23. NAME OF FATHER/PARENT A'S VILLAGE, TRIBE, OR COUNCIL		24. FATHER/PARENT A'S SOCIAL SECURITY NUMBER	
	25. MOTHER/PARENT B'S NAME (first)	(middle)	(last)	(maiden)
	26. MOTHER/PARENT B'S DATE OF BIRTH	27. STATE OF BIRTH	28. RACE	
	29. NAME OF MOTHER/PARENT B'S VILLAGE, TRIBE, OR COUNCIL		30. MOTHER/PARENT B'S SOCIAL SECURITY NUMBER	
	31. PHYSICAL ADDRESS AT TIME OF THIS BIRTH (If known)	(City / Town)	(State)	(Zip Code)
	32. ADOPTIVE PARENT'S CURRENT MAILING ADDRESS	(City / Town) (State) (Zip Code)		33. TELEPHONE NUMBER
	34. SIGNATURE OF ADOPTIVE PARENT(S) VERIFYING ITEMS #19-33.	SIGNATURE OF ADOPTIVE FATHER/PARENT A (***Required***)	SIGNATURE OF ADOPTIVE MOTHER/PARENT B (***Required***)	

CERTIFICATION	I hereby certify that this adoption was recognized under the custom of the tribe. 35a. SIGNATURE AND SEAL OF TRIBAL AUTHORITY	35b. PRINT/TYPE NAME OF PERSON SIGNING FOR VILLAGE OR TRIBE. (***Must match Tribal Resolution and Tribal Statement forms***)	
	36a. DATE SIGNED	36b. POSITION IN TRIBE. (***Must be President, Vice President, Chairman, or Tribal Administrator.***)	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.

VS 901
(Rev. July-2022)

TRIBAL RESOLUTION

ALASKA DEPARTMENT OF HEALTH
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NATIVE VILLAGE OF _____ RESOLUTION No. (Required) _____

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WHEREAS, the Native Village of _____ is the

tribe of _____; and
(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
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 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
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 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 _____

Notary Seal

_____ _____ _____
City State Zip code

NOTARY

Subscribed and sworn to (or affirmed) before me at

on the _____ day of _____, 20_____.

_____ My commission expires: _____
(Signature of notary)

BIOLOGICAL FATHER

I certify under penalty of perjury that the foregoing is true.

Biological Father's Signature _____

Mailing Address _____

Notary Seal

_____ _____ _____
city state zip code

NOTARY

Subscribed and sworn to (or affirmed) before me at _____

on the _____ day of _____, 20_____.

_____ My commission expires: _____
(Signature of notary)

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	FATHER
Blood Type_____	Blood Type _____
Childhood Diseases	Childhood Diseases
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
Allergies	Allergies
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

B. Medical Information about Blood Relatives

1. _____
2. _____
3. _____
4. _____

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