

Certificate of Degree of Indian Blood (CDIB) and the BIA-Form 4432



Bureau of Indian Affairs- Alaska Region
Enrollment - Anchorage Office

Common Confusion

<p>Bureau of Indian Affairs Certificate of Degree of Indian Blood</p> <p><i>What do they issue?</i></p> <p>Blood Quantum document</p> <p><i>How do I obtain a CDIB document if I am eligible?</i></p> <p>Start with completing the CDIB application. There may be documents needed before one can be issued.</p> <p>NOTE: BIA - Alaska offices issue only to those whose families show up on the ANCSA Roll.</p>	<p>Federally Recognized Tribe</p> <p><i>What do they issue?</i></p> <p>Tribal Membership Status</p> <p><i>How do I become a Tribal Member if I am eligible?</i></p> <p>Begin by contacting the tribe in which your family originated from. Ask about their Tribal Enrollment procedures. Follow their application processes.</p> <p>NOTE: Tribal membership is a privilege, not a right. Every Tribal Government determines their membership guidelines.</p>	<p>Alaska Native Claims Settlement Act (ANCSA) Corporation</p> <p><i>What do they issue?</i></p> <p>Stockholder Record</p> <p><i>How do I become a stockholder if I am eligible?</i></p> <p>Every corporation is different. Contact the corporation to which your family is affiliated with.</p> <p>NOTE: Becoming a stockholder is a privilege, not a right. Every ANCSA Corporation determines their stock-issuance guidelines.</p>
---	---	--



Certificate of Degree of Indian Blood

- ▶ CDIB * CIB * Indian Card * Blood Quantum Card *BIA Card
- ▶ Enrollment Staff in Anchorage, Juneau, and Fairbanks
- ▶ Alaska Native Claims Settlement Act (ANCSA) of 1971
 - ▶ Original Enrollees
 - ▶ Descendants



Certificate of Degree of Indian Blood

- ▶ CDIB * CIB * Indian Card * Blood Quantum Card *BIA Card
- ▶ Enrollment Staff in Anchorage, Juneau, and Fairbanks
- ▶ Alaska Native Claims Settlement Act (ANCSA) of 1971
 - ▶ Original Enrollees
 - ▶ Descendants



Requirements



OMB Form accepts only
Certified Copies

Birth Certificates
Death Certificates
Marriage Certificates
Divorce Decrees
Adoption Decree/Tribal Adoption
Report



Document on file must be stamped from an
original



State Identification card

Requirements

BUREAU OF INDIAN AFFAIRS CERTIFICATE OF DEGREE OF INDIAN OR ALASKA NATIVE BLOOD INSTRUCTIONS

All portions of the Request for Certificate of Degree of Indian or Alaska Native Blood (CDIB) must be completed. You must show your relationship to an enrolled member(s) of a federally recognized Indian tribe, whether it is through your birth mother or birth father, or both. A federally recognized Indian tribe means an Indian or Alaska Native tribe, band, nation, pueblo, village, or community which appears on the list of recognized tribes published in the Federal Register by the Secretary of the Interior (25 U.S.C. § 479a-1(a)).

- Your degree of Indian blood is computed from lineal ancestors of Indian blood who were enrolled with a federally recognized Indian tribe or whose names appear on the designated base rolls of a federally recognized Indian tribe.
- You must give the maiden names of all women listed on the Request for CDIB, unless they were enrolled by their married names.
- A Certified Copy of a Birth Certificate is required to establish your relationship to a parent(s) enrolled with a federally recognized Indian tribe(s).
- If your parent is not enrolled with a federally recognized Indian tribe, a Certified Copy of your parent's Birth or Death Certificate is required to establish your parent's relationship to an enrolled member of a federally recognized Indian tribe(s). If your grandparent(s) were not enrolled members of a federally recognized Indian tribe(s), a Certified Copy of the Birth or Death Certificate for each grandparent who was the child of an enrolled member of a federally recognized Indian tribe is required.
- Certified copies of Birth Certificates, Delayed Birth Certificates, and Death Certificates may be obtained from the State Department of Health or Bureau of Vital Statistics in the State where the person was born or died.
- In cases of adoption, the degree of Indian blood of the natural (birth) parent must be proven.
- **Please return your request and supporting documents to the Agency from whom you receive services.** Incomplete requests will be returned with a request for further information. No action will be taken until the request is complete.



What to submit with a CDIB request

If the requestor was born BEFORE December 18, 1971 & 1/4 or more blood quantum, they might be an **Original Enrollee**

1. Completed Application with Signature and Date
2. Submit Identification for who signs the application
3. If applicable submit any Marriage Certificate/Divorce Decree/Name Change Court Documents

If the requestor was born AFTER December 18, 1971, they might be a **Descendent**

1. Completed Application with Signature and Date
2. Submit Identification for who signs the application
3. Submit Birth Certificate
4. If applicable submit any Marriage Certificate/Divorce Decree/Name Change Court Documents

If requestor is **Adopted**

1. Completed Application with Signature and Date
2. Submit Identification for who signs the application
3. Submit Birth Certificate with Biological Parents
4. Submit Decree of Adoption Paperwork
5. Submit Birth Certificate with Adopted Parents

If requestor is **in Legal Guardianship**

1. Completed Application with Signature and Date
2. Submit Identification for who signs the application
3. Submit Birth Certificate
4. Submit Court order citing guardianship and/or Power of Attorney



Heirloom birth certificates or birth record cards

STATE OF ALASKA

Birth Certificate



Child *John Paul Alaska*

SEX	Male
DATE OF BIRTH	March 17, 1998
PLACE OF BIRTH	Hoonah, Alaska

Mother

GIVEN NAME(S)	Rebecca
MAIDEN NAME	Talon
FAMILY NAME	Alaska

Father

GIVEN NAME(S)	Robert
FAMILY NAME	Alaska




I certify that this is a true, full and correct copy of the original certificate on file in the Bureau of Vital Statistics, Department of Health & Social Services.

Registrar *Dated* Governor of Alaska

ISSUED BY THE ALASKA BUREAU OF VITAL STATISTICS

STATE OF ALASKA

Certificate of Birth



Child *John Q. Alaskan*

Sex	Male
Date of Birth	01/01/1948
Place of Birth	Juneau

Mother	Father
First Name: <i>Mary</i>	First Name: <i>John</i>
Middle Name: <i>Q</i>	Middle Name: <i>J</i>
Maiden Name: <i>Alaska</i>	Last Name: <i>Alaskan</i>

I certify that this is a true, full and correct copy of the original certificate on file in the Bureau of Vital Statistics, Department of Health and Social Services.

Registrar *01-01-2003* Date Governor of Alaska

BIRTH REGISTRATION CARD

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
BUREAU OF VITAL STATISTICS

STATE FILE NO-150- [REDACTED]

NAME *ALAN E-E D [REDACTED]*

BIRTHDATE [REDACTED] SEX *F*

BIRTHPLACE *ANCHORAGE* ALASKA

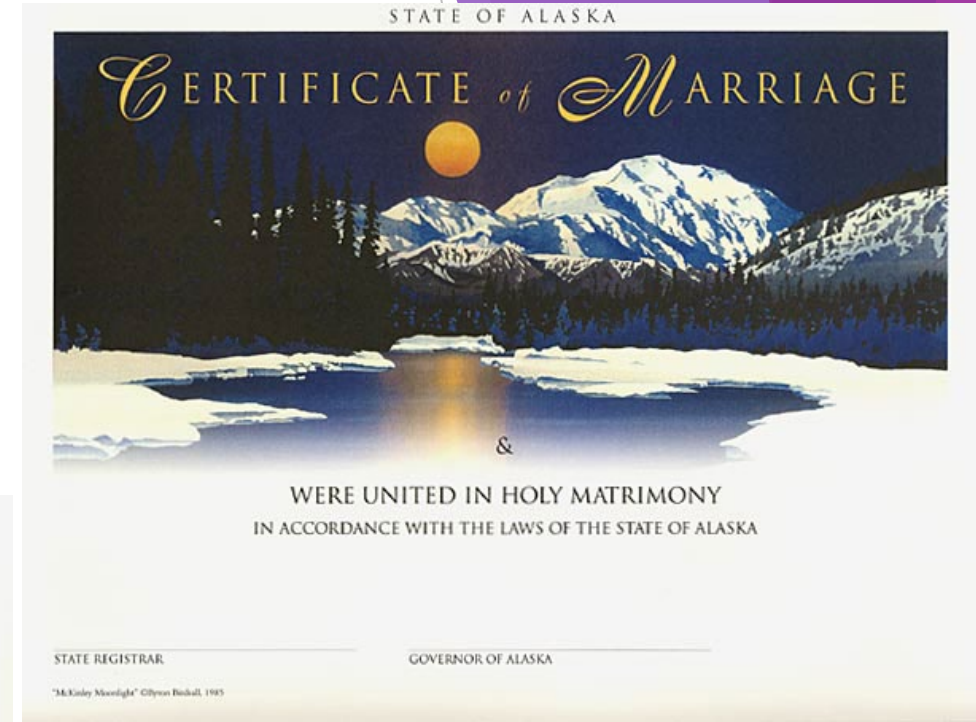
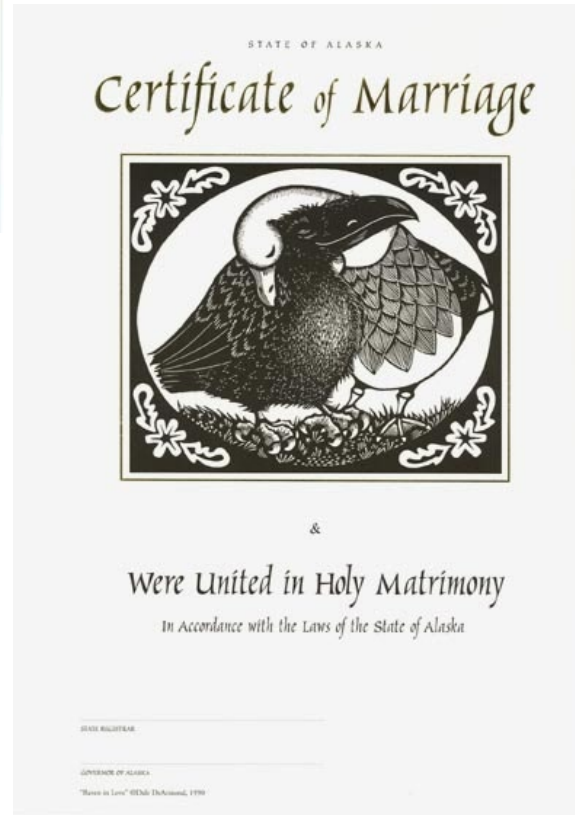
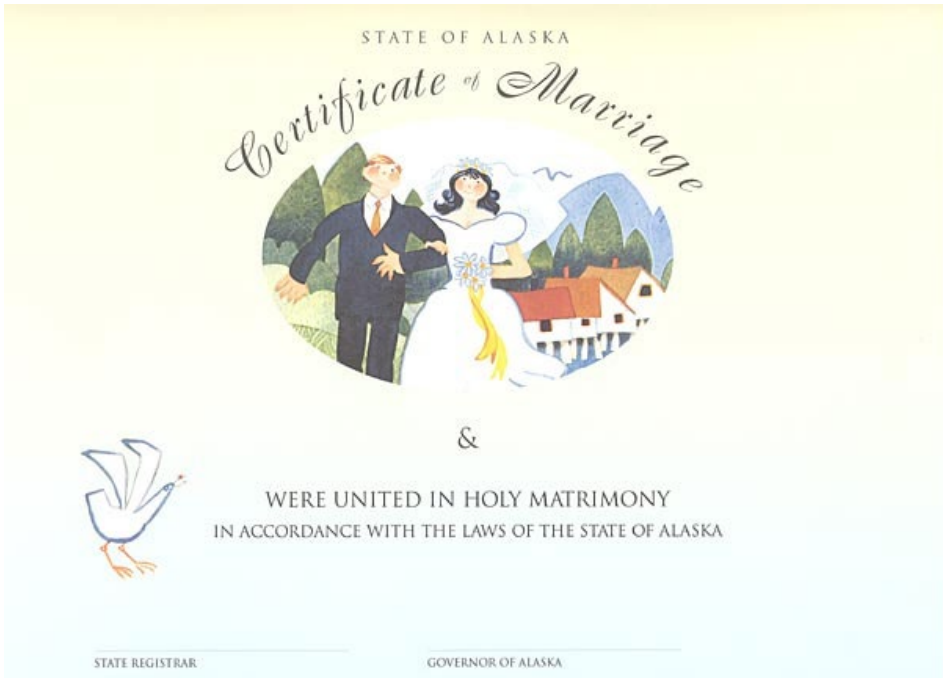
DATE REGISTERED *04/05/91* DATE ISSUED *06/12/91*

THIS IS A TRUE ABSTRACT OF THE BIRTH RECORD ON FILE WITH THE ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES.

STATE REGISTRAR *Janet P. [REDACTED]*



Heirloom marriage certificates



BUREAU OF INDIAN AFFAIRS
REQUEST FOR CERTIFICATE OF DEGREE OF INDIAN OR ALASKA NATIVE BLOOD

Requester's Name (list all names by which Requester is or has been known): Name of person who needs CDIB	Requester's Address (including zip code): Enter full address, complete with Zip Code		Date Received by Bureau of Indian Affairs:
Requester's Date of Birth: This person's DOB Requester's Place of Birth: Is this person adopted? Is Requester Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No Is Dad adopted? Are Requester's Parents Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No Is Mom adopted? If Yes, list natural (birth) parents: (If known) Tribe(s) with which Requester is enrolled: Roll Nos: Alaska Region issues off the Alaska Native Claims Settlement Act, You may list the Region your family is associated with, if known.	Father's name: Tribe: Roll No.: DOB: _____ Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No Year _____ Mother's Name: Tribe: Roll No.: DOB: _____ Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No Year _____	Paternal Grandfather's Name: Paternal = Father's side of family Tribe: Roll No.: DOB: _____ Deceased/Year _____ Paternal Grandmother's Name: Tribe: Roll No.: DOB: _____ Deceased/Year _____ Maternal Grandfather's Name: Tribe: Roll No.: DOB: _____ Deceased/Year _____ Maternal = Mother's side of family Enter only the Alaska Native bloodline Maternal Grandmother's Name: Tribe: Roll No.: DOB: _____ Deceased/Year _____	Paternal Great Grandfather's Name: Tribe: Roll No.: DOB: _____ Deceased/Year _____ Paternal Great Grandmother's Name: Tribe: Roll No.: DOB: _____ Deceased/Year _____ Paternal Great Grandfather's Name: Tribe: Roll No.: DOB: _____ Deceased/Year _____ Paternal Great Grandmother's Name: Tribe: Roll No.: DOB: _____ Deceased/Year _____ Maternal Great Grandfather's Name: Tribe: Roll No.: DOB: _____ Deceased/Year _____ Maternal Great Grandmother's Name: Tribe: Roll No.: DOB: _____ Deceased/Year _____ Maternal Great Grandfather's Name: Tribe: Roll No.: DOB: _____ Deceased/Year _____ Maternal Great Grandmother's Name: Tribe: Roll No.: DOB: _____ Deceased/Year _____

SUBMIT TO: BIA AGENCY FROM WHOM YOU RECEIVE SERVICES

All BIA Agency Offices are listed in the [Tribal Leaders Directory](#).

If you need help with locating the BIA AGENCY FROM WHOM YOU RECEIVE SERVICES, please contact the Office of Indian Services at 202-513-7640.

Tip: Write down a good Contact Number Here



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 within 45 days (60 for Alaska tribes) of the date on the letter. If you fail to meet this deadline, appeal rights will be lost. If the issuing officer decides that corrections are not needed, he or she will send a written determination with an explanation through certified mail to you and provide you with a copy of the appeals procedures.
- 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.

PAPERWORK REDUCTION ACT STATEMENT

The information collection requirement contained in 25 CFR § 70.11 and 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 burden imposed by the form, please send them to the Information Collection Clearance Officer, Office of Regulatory Affairs and Collaborative Action, Office of the Assistant Secretary - Indian Affairs, 1001 Indian School Road NW, Suite 229, Albuquerque, New Mexico 87104. **DO NOT SUBMIT YOUR CDIB REQUEST TO THIS ADDRESS;** you should instead submit your CDIB request to the BIA Agency from whom you receive services. 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.

PRIVACY ACT STATEMENT.

This information is collected pursuant to the Privacy Act, 5 U.S.C. 552a. Pursuant to system of record notice, Tribal Rolls, Interior, BIA-7 (42 FR 19038), 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 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)

SUBMIT TO: BIA AGENCY FROM WHOM YOU RECEIVE SERVICES

**If the "requester" is a minor, the parent or guardian will sign.
Any requester 18 years of age or older will sign for self.**



Generations Increasing

Original ANCSA Enrollee
may be 3-5 generations
removed from child

- All links must be clearly connected
- Cannot skip a generation
- **Original** documents required

Blood Quantum of Original
Enrollee(s)

- Descendants get half of each Alaska Native parent's blood quantum
- Data Management Software can auto-calculate



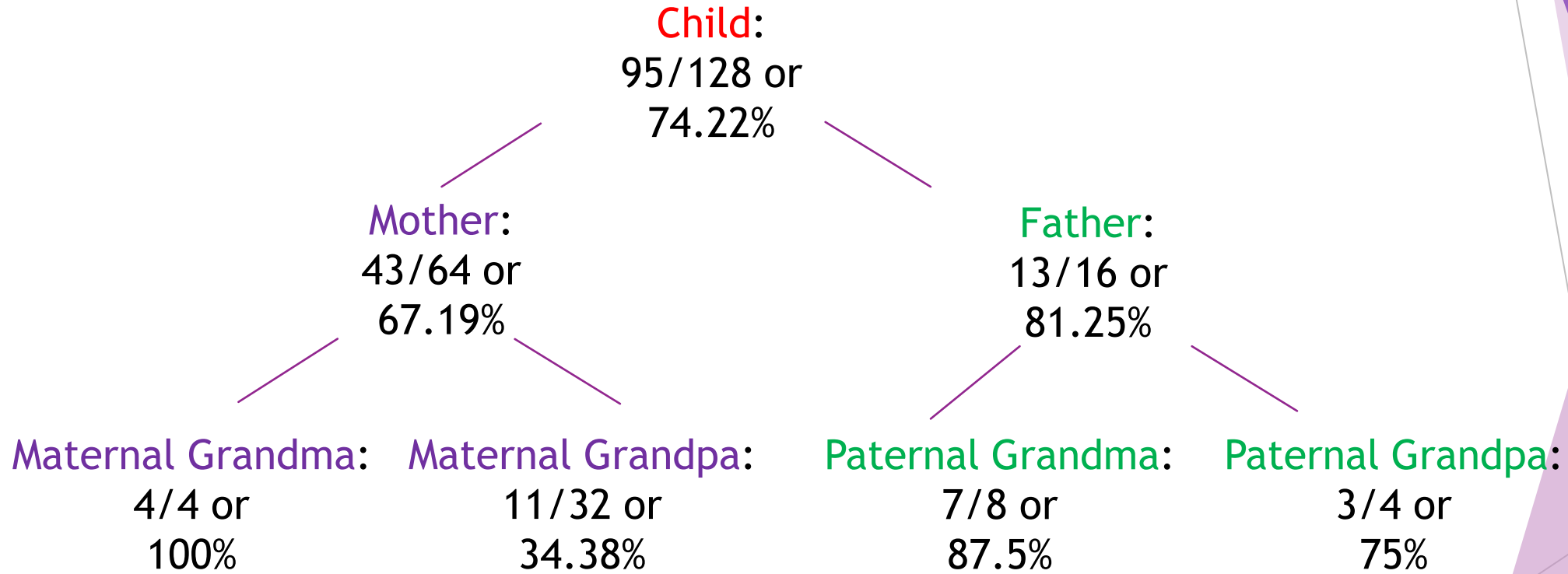
Chart to Establish Degree of Indian Blood

PARENTS →

	N.I.	1/16	1/8	3/16	1/4	5/16	3/8	7/16	1/2	9/16	5/8	11/16	3/4	13/16	7/8	15/16	4/4
1/16	1/32	1/16	3/32	1/8	5/32	3/16	7/32	1/4	9/32	5/16	11/32	3/8	13/32	7/16	15/32	1/2	17/32
1/8	1/16	3/32	1/8	5/32	3/16	7/32	1/4	9/32	5/16	11/32	3/8	13/32	7/16	15/32	1/2	17/32	9/16
3/16	3/32	1/8	5/32	3/16	7/32	1/4	9/32	5/16	11/32	3/8	13/32	7/16	15/32	1/2	17/32	9/16	19/32
1/4	1/8	5/32	3/16	7/32	1/4	9/32	5/16	11/32	3/8	13/32	7/16	15/32	1/2	17/32	9/16	19/32	5/8
5/16	5/32	3/16	7/32	1/4	9/32	5/16	11/32	3/8	13/32	7/16	15/32	1/2	17/32	9/16	19/32	5/8	21/32
3/8	3/16	7/32	1/4	9/32	5/16	11/32	3/8	13/32	7/16	15/32	1/2	17/32	9/16	19/32	5/8	21/32	11/16
7/16	7/32	1/4	9/32	5/16	11/32	3/8	13/32	7/16	15/32	1/2	17/32	9/16	19/32	5/8	21/32	11/16	23/32
1/2	1/4	9/32	5/16	11/32	3/8	13/32	7/16	15/32	1/2	17/32	9/16	19/32	5/8	21/32	11/16	23/32	3/4
9/16	9/32	5/16	11/32	3/8	13/32	7/16	16/32	1/2	17/32	9/16	19/32	5/8	21/32	11/16	23/32	3/4	25/32
5/8	5/16	11/32	3/8	13/32	7/16	15/32	1/2	17/32	9/16	19/32	5/8	21/32	11/16	23/32	3/4	25/32	13/16
11/16	11/32	3/8	13/32	7/16	15/32	1/2	17/32	9/16	19/32	5/8	21/32	11/16	23/32	3/4	25/32	13/16	27/32
3/4	3/8	13/32	7/16	15/32	1/2	17/32	9/16	19/32	5/8	21/32	11/16	23/32	3/4	25/32	13/16	27/32	7/8
13/16	13/32	7/16	15/32	1/2	17/32	9/16	19/32	5/8	21/32	11/16	23/32	3/4	25/32	13/16	27/32	7/8	29/32
7/8	7/16	15/32	1/2	17/32	9/16	19/32	5/8	21/32	11/16	23/32	3/4	25/32	13/16	27/32	7/8	29/32	15/16
15/16	15/32	1/2	17/32	9/16	19/32	5/8	21/32	11/16	23/32	3/4	25/32	13/16	27/32	7/8	28/32	15/16	31/32
4/4	1/2	17/32	9/16	19/32	5/8	21/32	11/16	23/32	3/4	25/32	13/16	27/32	7/8	29/32	15/16	31/32	4/4
1/32	1/64	3/64	5/64	7/64	9/64	11/64	13/64	15/64	17/64	19/64	21/64	23/64	25/64	27/64	29/64	31/64	33/64
3/32	3/64	5/64	7/64	9/64	11/64	13/64	15/64	17/64	19/64	21/64	23/64	25/64	27/64	29/64	31/64	33/64	35/64
5/32	5/64	7/64	9/64	11/64	13/64	15/64	17/64	19/64	21/64	23/64	25/64	27/64	29/64	31/64	33/64	35/64	37/64
7/32	7/64	9/64	11/64	13/64	15/64	17/64	19/64	21/64	23/64	25/64	27/64	29/64	31/64	33/64	35/64	37/64	39/64
9/32	9/64	11/64	13/64	15/64	17/64	19/64	21/64	23/64	25/64	27/64	29/64	31/64	33/64	35/64	37/64	39/64	41/64
11/32	11/64	13/64	15/64	17/64	19/64	21/64	23/64	25/64	27/64	29/64	31/64	33/64	35/64	37/64	39/64	41/64	43/64
13/32	13/64	15/64	17/64	19/64	21/64	23/64	25/64	27/64	29/64	31/64	33/64	35/64	37/64	39/64	41/64	43/64	45/64
15/32	15/64	17/64	19/64	21/64	23/64	25/64	27/64	29/64	31/64	33/64	35/64	37/64	39/64	41/64	43/64	45/64	47/64
17/32	17/64	19/64	21/64	23/64	25/64	27/64	29/64	31/64	33/64	35/64	37/64	39/64	41/64	43/64	45/64	47/64	49/64
19/32	19/64	21/64	23/64	25/64	27/64	29/64	31/64	33/64	35/64	37/64	39/64	41/64	43/64	45/64	47/64	49/64	51/64
21/32	21/64	23/64	25/64	27/64	29/64	31/64	33/64	35/64	37/64	39/64	41/64	43/64	45/64	47/64	49/64	51/64	53/64
23/32	23/64	25/64	27/64	29/64	31/64	33/64	35/64	37/64	39/64	41/64	43/64	45/64	47/64	49/64	51/64	53/64	55/64
25/32	25/64	27/64	29/64	31/64	33/64	35/64	37/64	39/64	41/64	43/64	45/64	47/64	49/64	51/64	53/64	55/64	57/64
27/32	27/64	29/64	31/64	33/64	35/64	37/64	39/64	41/64	43/64	45/64	47/64	49/64	51/64	53/64	55/64	57/64	59/64
29/32	29/64	31/64	33/64	35/64	37/64	39/64	41/64	43/64	45/64	47/64	49/64	51/64	53/64	55/64	57/64	59/64	61/64
31/32	31/64	33/64	35/64	37/64	39/64	41/64	43/64	45/64	47/64	49/64	51/64	53/64	55/64	57/64	59/64	61/64	63/64



Generations increasing



Reasons why a person's blood quantum may have discrepancies

- ▶ An Alaska Native parent is not listed on the birth certificate
- ▶ The other Alaska Native parent may not have enrolled with ANCSA or BIA yet
- ▶ The original ANCSA enrollment application did not list the other Alaska Native parent
- ▶ Individual claimed to be less Alaska Native for ANCSA enrollment



If an Alaska Native is missing on the Birth Certificate, you may submit:

- ▶ A court record establishing paternity
- ▶ A final probate decision made in Probate Court
- ▶ An amended birth certificate after both parents have signed a statement



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 within 45 days (60 for Alaska tribes) of the date on the letter. If you fail to meet this deadline, appeal rights will be lost. If the issuing officer decides that corrections are not needed, he or she will send a written determination with an explanation through certified mail to you and provide you with a copy of the appeals procedures.
- 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.



What's on a CDIB for Alaska Natives

- ▶ Full Name, including middle name(s) and suffixes, if applicable.
- ▶ Date of Birth
- ▶ Blood Degree
 - ▶ ALT, for Aleut
 - ▶ ESK, for Eskimo
 - ▶ TSM, for Tsimshian
 - ▶ IND, for Indian
- ▶ Total Blood Degree
- ▶ Enrollment number for original enrollees

DESCENDANT CERTIFICATE OF DEGREE OF INDIAN BLOOD

This is to certify that the person named below is a **direct descendant** of an Alaska Native Enrollee on the ALASKA NATIVE CLAIMS SETTLEMENT ACT roll, an official record of the Bureau of Indian Affairs.

NAME:	sample
BLOOD DEGREE:	47/64 ESK, 1/8 IND
TOTAL BLOOD:	55/64
DATE OF BIRTH:	01/01/2001



ANCSA Enrollment Number

- ▶ 01-123-12345-01
 - ▶ 01 = Corporation
 - ▶ 123 = Village
 - ▶ 12345 = Family Number
 - ▶ 01 = Individual's place in family
 - ▶ 01 Head of Household
 - ▶ 02 Spouse
 - ▶ 03 Child 1
 - ▶ 04 Child 2, so on and so forth

ANCSA ENROLLEE CERTIFICATE OF DEGREE OF INDIAN BLOOD

This is to certify that the person named below is listed on the ALASKA NATIVE CLAIMS SETTLEMENT ACT roll, an official record of the Bureau of Indian Affairs.

NAME:	First Last
BLOOD DEGREE:	½ ALT
TOTAL BLOOD:	½
DATE OF BIRTH:	01/01/1923
CORPORATION:	Chugach
VILLAGE:	Valdez
ANCSA ROLL NUMBER:	06-XXX-XXXXXX-01

ANCSA ENROLLEE CERTIFICATE OF DEGREE OF INDIAN BLOOD

This is to certify that the person named below is listed on the ALASKA NATIVE CLAIMS SETTLEMENT ACT roll, an official record of the Bureau of Indian Affairs.

*NAME:	Current Name
*OUR RECORDS SHOW NAME:	Old Name



The Privacy Act of 1974, 5 U.S.C. 552a

- Establishes controls over what personal information Federal agencies collect and how they use or disclose that information.
- ▶ Establish a code of fair information practices that requires agencies to comply with statutory norms for collection, maintenance, and dissemination of records.
- ▶ Grant individuals the opportunity to amend agency records maintained on them when the records are verifiably inaccurate, irrelevant, untimely, or incomplete.
- ▶ Restrict disclosure of records on individuals maintained by agencies.
- ▶ Grant individuals increased rights of access to agency records maintained on them.



Routine Uses (for disclosure)

- ▶ U.S. Department of Justice
- ▶ Congressional Office
- ▶ Any criminal, civil or regulatory law enforcement authority
- ▶ An official of another Federal agency, performing their official duties
- ▶ Federal, state, territorial, local, tribal, or foreign agencies, performing their official duties
- ▶ National Archives and Records Administration
- ▶ State and local governments in response to court order
- ▶ Expert, consultant, or contractor of DOI
- ▶ Appropriate agencies, entities, and persons when it is suspected or confirmed compromised
- ▶ Office of Management and Budget
- ▶ Department of the Treasury
- ▶ News media, when the disclosure is compatible for which the records were compiled
- ▶ Consumer reporting agency, if the disclosure requirements of the Debt Collection Act have been met
- ▶ The Tribe, Band, Pueblo, or Corporation of which the individual to whom a record pertains is a member or stockholder



CONSENT TO RELEASE INFORMATION TO THIRD PARTY

The Privacy Act generally requires the release of records contained in a system of records about an individual to that individual when he or she requests them. See 5 U.S.C. § 552 a(d)(1). Correspondingly, the Privacy Act prohibits disclosure of protected records to third parties without the consent of the individual to whom the records pertain, 5 U.S.C § 552 a(b).

Name of Person subject of records: _____

Mailing Address: _____

Contact Number: _____

Pursuant to 5 U.S.C. Section 552 a(b), I hereby authorize the BIA, Enrollment to release the following documents: _____

Which, occurred on _____, 20_____,

Please release to: Name: _____

Address: _____

Certification of Identity

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and that I am the person named above and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. §552 a(i)(3) by a fine of not more than \$5,000.

Signature: _____ Date: _____



**VERIFICATION OF INDIAN PREFERENCE FOR EMPLOYMENT
IN THE BUREAU OF INDIAN AFFAIRS AND THE INDIAN HEALTH SERVICE**

Complete one of the categories as stated in the Instructions and submit this form with your application for Federal employment.

CATEGORY A - MEMBERS OF FEDERALLY-RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES

This is to certify that the person named below is a member of the tribe shown:

Full Name	Enrollment No.	Date of Birth	Tribal Affiliation
I certify that the above information was taken from the official membership records of the _____ Tribe (or records maintained for the Tribe by the BIA) and acknowledge that falsification and misrepresentation of this information is punishable under Federal Law, 18 U.S.C. 1001.			
Certification by Tribal Official:		And if required, verification by the BIA Official maintaining the official tribal rolls that the individual is listed on enrollment list maintained by the BIA at the request of the tribe.	
Signature	Date	Signature of BIA Official	Date
Print Name & Title of Tribal Official		Name/Title	Agency

CATEGORY B - DESCENDANTS OF MEMBERS OF FEDERALLY-RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES AND WERE RESIDING ON ANY INDIAN RESERVATION ON THIS DATE, JUNE 1, 1934

I certify that the person named below has established to my satisfaction that he/she is a descendant of an enrolled member of the tribe named below and that he/she was living on an Indian reservation on June 1, 1934. The applicant's family history is outlined on the attached family history chart.

Full Name	Date of Birth
Reservation of Residence on June 1, 1934	Full Name of Ancestor & Tribal Affiliation
Title and source of records upon which this is based:	BIA Official
	Date
	Title
	Agency

CATEGORY C - PERSONS WHO POSSESS AT LEAST ONE-HALF DEGREE INDIAN BLOOD DERIVED FROM TRIBES INDIGENOUS TO THE UNITED STATES.

I certify that I have reviewed the documentation to support the below listed individual's claim to possess at least one-half degree Indian blood. The applicant's family history is outlined on the attached family history chart and official records.

Full Name	Date of Birth	Degree of Blood and Tribal Derivation
Title & Source of Records upon which this is based:	BIA Official	Date
<input type="checkbox"/> Official Records of Tribal Affiliation & Blood Degree	Title	Agency
<input type="checkbox"/> State or Academic Recognition of Indigenous Status		

CATEGORY D - ALASKA NATIVE

I certify that the person named below is a member of an Alaska Native Tribe; or, an individual whose name appears on the roll of Alaska Natives prior to July 31, 1981, and not subsequently disenrolled; or, an individual who was issued stock in a Native corporation pursuant to 43 U.S.C. 1606(g)(1)(B)(i).

Name	Date of Birth	Alaska Native Village/Corporation/Roll
Title and source of records upon which this is based:		
	BIA Official	Date
	Title	Agency

INSTRUCTIONS FOR COMPLETING FORM BIA-4432

1. It is the responsibility of the individual to establish evidence of entitlement to Indian preference. Applicants must submit as much background information as possible to verify eligibility for Indian preference. Falsification or misrepresentation of information is punishable under Federal Law, 18 U.S.C. 1001.

CATEGORY A

MEMBERS OF FEDERALLY-RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES. If you are a member of a Federally-recognized tribe, you must request that your tribe complete this category. One of the following procedures will apply and you will be advised by your tribe:

If your tribe has contracted or compacted the maintenance of tribal enrollment records under the Indian Self-Determination and Education Assistance Act, Pub. L. 93-638, as amended, 25 U.S.C. 450, a verification signed by an *authorized* Tribal Representative(s) is sufficient

If your tribe does *not* maintain tribal enrollment records, the tribe must certify that you are a member and you must submit the form to the BIA official who maintains the official roll for the tribe.

CATEGORY B AND C

· DESCENDANTS OF MEMBERS OF FEDERALLY RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES WHO WERE RESIDING ON ANY INDIAN RESERVATION ON JUNE 1, 1934

· PERSONS WHO POSSESS AT LEAST ONE-HALF DEGREE INDIAN BLOOD DERIVED FROM TRIBES INDIGENOUS TO THE UNITED STATES

If you are claiming preference based on any of these categories, you should provide as much information as possible regarding your family history. This will be the only information which the BIA will have to certify your lineal descent.

If you are claiming preference through Category B based upon your lineal descent from a member of a federally recognized tribe, band or community, you must also document that you were residing within the present boundaries of the reservation on June 1, 1934.

If you possess one-half degree Indian blood from a tribe indigenous to the United States, you must submit state or academic records that document this status, as well as official records that establish your degree of Indian blood, such as census records. You must also complete the attached FAMILY HISTORY.



Where to find the forms and information?



<p> Education</p> <p>The BIE implements federal Indian education programs for roughly 46,000 students at 183 schools across the U.S.</p>	<p> Justice</p> <p>Reclaiming Our Native Communities roundtables across Indian Country to hear from tribal leaders and others</p>	<p> Economic Development</p> <p>Reliable, affordable broadband access is critical to the health and economic wellbeing of tribal communities</p>	<p> Policies & Procedures</p> <p>Are designed to guide all major decisions, actions and principles of an organization.</p>
---	---	--	--



Discover

We maintain government-to-government relationships with Indian tribes, and facilitate support for tribal people and tribal governments. We promote safe and quality living environments, strong communities, self sufficient and individual rights, while enhancing protection of the lives, prosperity and well being of American Indians and Alaska Natives.

- [Get a Job](#)
- [Indian Preference](#)
- [Track Your Ancestry](#)
- [Certificate of Indian Blood](#)
- [Tribal Leaders Directory](#)



Are You an Alaska Native Vietnam-era Vet?

You may be entitled to a Native allotment selection, if you:

are an Alaska Native Vietnam veteran who served between 1964 and 1971

and have not received a Native allotment

or are an heir to someone who meets the above criteria



Photo: Zachariah Hughes – Alaska Public Media

blm.gov/ak-native-vietnam-vet-land-allotment-2019



- ▶ Enrollment Clerk, Juneau, Alaska
 - ▶ <https://www.usajobs.gov/job/759876800>
 - ▶ Accepting applications through December 11, 2023.

Now Hiring!



Phone:	(907) 271-4477	(907) 456-0522	(907) 586-7719
Mail:	BIA-Enrollment Services 3601 C Street, Suite 1200 Anchorage, Alaska 99503	BIA-Fairbanks 101 12 th Avenue, Rm 166 Fairbanks, AK 99701	BIA-Juneau P.O. Box 21647 Juneau, AK 99802
Drop-Box:	Located at the Anchorage Office on the 12 th floor, to the right of the Suite 1200 doors		

Taikuu

Arlie Hess
Enrollment Technician
Arlie.hess@bia.gov
(907) 271-1745

