



DIVISION OF CHILDREN AND FAMILY SERVICES
OLYMPIA WA 98504

Portland Area Director
Bureau of Indian Affairs
911 NE 11th Ave
Portland OR 97232-4169

Inquiry to Bureau of Indian Affairs (BIA)

Second Inquiry

File Number: _____

Dear Sir or Madam:

Pursuant to the provisions of the Indian Child Welfare Act (25 USC 1901), I am writing to request your assistance in determining whether the below listed child is an Indian within the meaning of the Act. Although our information suggests that this child is of Indian heritage, we have been unable to develop sufficient information to identify any tribal affiliation for the child. The information that we have includes the following:

- Child's full name: _____
- Child's birth date: _____
- Child's birth place: _____
- Name of child's mother: _____
- Birth date of mother: _____ Birth place of mother: _____
- Name of child's father: _____
- Birth date of father: _____ Birth place of father: _____
- Location of child's parents or Indian custodian: _____
- Tribal affiliation of mother: _____
- Tribal affiliation of father: _____
- Any additional information: _____

I have also attached a family ancestry chart regarding the child's family and Indian ancestry.

Your earliest response will be most appreciated.

DATE

SERVICE WORKER

STREET ADDRESS

CITY STATE ZIP CODE

TELEPHONE NUMBER

Attach Family Ancestry Chart, DSHS 04-220