

CHILDREN'S ADMINISTRATION
Indian Identity Request

The Indian Child Welfare Act is a Federal law requiring that all Indian children be identified. To assist in this process all biological parents need to complete this form.

NAME OF CHILD (PRINT)	DATE OF BIRTH	CASE NUMBER
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I, _____, and I, _____
BIOLOGICAL MOTHER (PLEASE PRINT NAME) BIOLOGICAL FATHER (PLEASE PRINT NAME)
 hereby acknowledge that _____ is of the following Indian ancestry:
NAME OF CHILD (PLEASE PRINT NAME)

Mother:

Indian ancestry: Yes No

Tribe(s): _____

Identity of the Tribe unknown

Father:

Indian ancestry: Yes No

Tribe(s): _____

Identity of the Tribe unknown

Name and relationship of person(s) other than parents providing information:

MOTHER'S SIGNATURE	DATE
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Parent refused to sign Parent not available for signature

FATHER'S SIGNATURE	DATE
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Parent refused to sign Parent not available for signature

CASE WORKER'S NAME (PRINTED)	CASE WORKER'S SIGNATURE	DATE
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AGENCY STREET ADDRESS	CITY	STATE	ZIP CODE
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The social worker files the original copy in the ICW section of the child's service file. Within 10 working days following the parent's completion of the form, the social worker provides a copy of the form to the regional or local LICWAC liaison or ICW compliance program manager, as applicable.