

**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 individual Indian listed on an Indian census roll, tribal base roll, Indian judgment fund distribution roll (Roll) that includes Indian blood degrees, or other document prepared and approved by the Secretary of the Interior (Secretary), or his/her authorized representative.

- Your degree of Indian blood is computed from ancestors of Indian blood who were listed on a Roll or other document acceptable to the Secretary, or his/her authorized representative.
- 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 or other official documentation is required to establish your relationship to a parent(s) listed on Roll or other document acceptable to the Secretary.
- If your parent is not listed on a Roll or other document acceptable to the Secretary, a certified copy of your parent's birth or death certificate, or other official documentation is required to establish your parent's relationship to someone listed on such Roll. If your grandparent(s) were not listed on such Roll, a certified copy of the birth or death certificate or other official documentation 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, or from a tribal office of Vital Statistic. The Indian tribe must have a duly adopted tribal ordinance concerning the issuance of such documents.
- In cases of adoption, the degree of Indian blood of the natural (birth) parent must be proven.
- Your request and supporting documents should be sent 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.

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)

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