

INDIAN ANCESTRY QUESTIONNAIRE

Parent's name: _____

Relationship to child(ren): _____

Interviewed by: _____

Date: _____

- The information requested below is necessary to determine whether the **Indian Child Welfare Act (25 USC 1901 et. seq.)** applies to your child(ren). Among other provisions, the ICWA provides legal protections designed to prevent the breakup of Indian families and may provide important rights and benefits to you and your child(ren). Please provide as much of the information as possible, even if you are unsure of whether you, your child(ren), or the other parent of the child(ren) is entitled to membership.

NAME OF CHILD:	PLACE & DATE OF BIRTH	SOCIAL SECURITY NUMBER
1.		
2.		
3.		
4.		
5.		

Check one:

- I have no information regarding any Indian ancestry of the child(ren) listed above.**
*(If you do not have **any** information that the children have Indian ancestry, you may skip the remaining questions on this form and **go directly to the last page** to sign and date this form.)*
- Yes, I have information or I believe that the child(ren) has/have Indian ancestry.**

Name of Tribe, Band, Pueblo, Rancheria, or Alaskan Native Village: _____

- Many tribes use both traditional and official names. If you know any additional names by which your tribe may be known, please list both the official and traditional names of the tribe. If this information does not apply to all of your children, please state to which ones it does apply.

Traditional name of tribal organization	Official name of tribal organization	Does not apply to:

- If you have information or a belief that your children have Indian ancestors, it is very important that you fill out the rest of this form. Please provide as much information as you can. If you don't know the answer, please contact a relative who may know the answers, or provide their names and phone numbers to your Social Worker to contact them to obtain the information requested by this form.

- If all of your children have the same parents, complete just this form. If any of your children have a different parent from the other child or children, complete a separate form for each child with a different mother or father from the other children.

All of my children listed on this form have the same parents. The information below applies to all.

The following children have a different mother or father:

1.	3.
2.	4.

YOUR CHILD(REN)'s PARENT INFORMATION

IF YOU DO NOT KNOW THE ANSWER, PLEASE WRITE IN "UNKNOWN"

Mother's Name:
Address:
Place & Date of Birth:
Tribe, Band, or Rancheria, and Location:
Enrollment # or BIA/Tribal Agency, if Available:
If Deceased, Place & Date of Death:
Additional Information:

Father's Name:	
Child's birth father is named on birth certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Child's birth father has acknowledged paternity	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
A judge or court has declared the man named above to be the father of the child or children listed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Other alleged father (name each):	
Address:	
Place & Date of Birth:	
Tribe, Band, or Rancheria, and Location:	
Enrollment # or BIA/Tribal Agency, if available:	
If Deceased, Place & Date of Death:	
Additional Information:	

YOUR CHILD'S MATERNAL GRANDPARENT INFORMATION

Maternal Grandmother's Name (mother's mother):
Address:
Place & Date of Birth:
Tribe, Band, or Rancheria, and Location:
Enrollment # or BIA/Tribal Agency, if available:
If Deceased, Place & Date of Death:
Additional Information:

Maternal Grandfather's Name (mother's father):
Address:
Place & Date of Birth:
Tribe, Band, or Rancheria, and Location:
Enrollment # or BIA/Tribal Agency, if available:
If Deceased, Place & Date of Death:
Additional Information:

YOUR CHILD'S PATERNAL GRANDPARENT INFORMATION

Paternal Grandmother's Name (father's mother):
Address:
Place & Date of Birth:
Tribe, Band, or Rancheria, and Location:
Enrollment # or BIA/Tribal Agency, if available:
If Deceased, Place & Date of Death:
Additional Information:

Paternal Grandfather's Name (father's father):
Address:
Place & Date of Birth:
Tribe, Band, or Rancheria, and Location:
Enrollment # or BIA/Tribal Agency, if available:
If Deceased, Place & Date of Death:
Additional Information:

YOUR CHILD'S MATERNAL GREAT-GRANDPARENT INFORMATION

Maternal Great-Grandmother's Name (mother's grandmother on her mother's side):
Address:
Place & Date of Birth:
Tribe, Band, or Rancheria, and Location:
Enrollment # or BIA/Tribal Agency, if available:
If Deceased, Place & Date of Death:
Additional Information:

Maternal Great-Grandfather's Name (mother's grandfather on her mother's side):
Address:
Place & Date of Birth:
Tribe, Band, or Rancheria, and Location:
Enrollment # or BIA/Tribal Agency, if available:
If Deceased, Place & Date of Death:
Additional Information:

Maternal Great-Grandmother's Name (mother's grandmother on her father's side):
Address:
Place & Date of Birth:
Tribe, Band, or Rancheria, and Location:
Enrollment # or BIA/Tribal Agency, if available:
If Deceased, Place & Date of Death:
Additional Information:

Maternal Great-Grandfather's Name (mother's grandfather on her father's side):
Address:
Place & Date of Birth:
Tribe, Band, or Rancheria, and Location:
Enrollment # or BIA/Tribal Agency, if available:
If Deceased, Place & Date of Death:
Additional Information:

YOUR CHILD'S PATERNAL GREAT-GRANDPARENT INFORMATION

Paternal Great-Grandmother's Name (father's grandmother on his mother's side):
Address:
Place & Date of Birth:
Tribe, Band, or Rancheria, and Location:
Enrollment # or BIA/Tribal Agency, if available:
If Deceased, Place & Date of Death:
Additional Information:

Paternal Great-Grandfather's Name (father's grandfather on his mother's side):
Address:
Place & Date of Birth:
Tribe, Band, or Rancheria, and Location:
Enrollment # or BIA/Tribal Agency, if available:
If Deceased, Place & Date of Death:
Additional Information:

Paternal Great-Grandmother's Name (father's grandmother on his father's side):
Address:
Place & Date of Birth:
Tribe, Band, or Rancheria, and Location:
Enrollment # or BIA/Tribal Agency, if available:
If Deceased, Place & Date of Death:
Additional Information:

Paternal Great-Grandfather's Name (father's grandfather on his father's side):
Address:
Place & Date of Birth:
Tribe, Band, or Rancheria, and Location:
Enrollment # or BIA/Tribal Agency, if available:
If Deceased, Place & Date of Death:
Additional Information:

- Please answer the following to the best of your knowledge.

1. Have you or any members of your extended family (grandparents, cousins, etc.) ever attended an Indian school? Yes No Unknown

Name/relationship	Type of school	Dates attended	Location of school

2. Have you or any members of your extended family ever received medical treatment at an Indian health clinic or U.S. Public Health Service hospital? Yes No Unknown

Name/relationship	Type of treatment	Dates treatment Received	Location where Treatment received

3. Have you or any members of your extended family ever lived on federal trust land, a reservation, a rancheria, or Indian allotment? Yes No Unknown

Name/relationship	Name and address	Dates

Tribal Affiliation and Location (Check any that apply)

<input type="checkbox"/> 1906 Final Roll	Name of Relative on 1906 Final Roll:
The 1906 Final Roll was prepared by the Dawes Commission. Individuals who allege to be of Cherokee, Choctaw, Chickasaw, Creek, or Seminole ancestry from Oklahoma must provide the name of a relative listed on this final roll.	

<input type="checkbox"/> Roll of 1924	Name of Relative on 1924 Roll:
The Roll of 1924 relates to the Eastern Band of Cherokees who were from states other than Oklahoma (such as North Carolina, Georgia, Mississippi, or another southeastern state). Individuals who allege to be of Eastern Cherokee descent must provide the name of a relative listed on the Roll of 1924.	

<input type="checkbox"/> California Judgment Roll	Roll number, if available:
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CERTIFICATION

I have answered this questionnaire to the best of my knowledge and believe the answers are true.

Parent was unavailable to sign.

Parent's Signature / date

Social Worker's Signature / date