

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

REPORT OF INDIAN ADOPTIVE PLACEMENT

TO: Dept. of the Interior, Bureau of Indian Affairs
Office of Indian Services/Div. of Human Services – ICWA
1849 C Street, NW, MS-4526-MIB
Washington, D.C. 20240

The following information is provided pursuant to § 1951 of the Indian Child Welfare Act (codified at 25 U.S.C. § 1901 et. seq. and 25 C.F.R. § 23.71):

1. Copy of the final adoption decree for:
Child's name before adoption: _____
Child's name after adoption: _____
Child's date of birth: _____
2. Child's tribal affiliation(s): _____
3. Names and addresses of the child's biological parents:

_____	Mother	_____	Address	_____	_____	_____
		_____	City	_____	State	Zip Code
_____	Father	_____	Address	_____	_____	_____
		_____	City	_____	State	Zip Code

4. Names and addresses of the child's adoptive parent(s):

Address

City State Zip Code

Address

City State Zip Code

5. The agency having files or information relating to this adoptive placement:

6. If this box is checked, the court records contain an affidavit of the biological parent(s) requesting that their identity remain confidential, and a copy of the affidavit is attached.

Date

Judge/Clerk

cc: BIA Human Services - ICWA
3601 C Street, Suite 1100
Anchorage, Alaska 99503-5947