



## Indian Identity Request

The federal and state Indian Child Welfare Acts require that all Indian children be identified. To assist in this process all biological parents need to complete this form.

NAME OF CHILD	PERSON ID NUMBER	DATE OF BIRTH	CASE NUMBER
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I, \_\_\_\_\_, and I, \_\_\_\_\_,  

BIOLOGICAL MOTHER'S NAME
BIOLOGICAL / ALLEGED FATHER'S NAME

hereby acknowledge that \_\_\_\_\_ is of the following Indian ancestry:  
NAME OF CHILD

**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	FATHER'S SIGNATURE	DATE
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<input type="checkbox"/> Parent refused to sign <input type="checkbox"/> Parent not available for signature	<input type="checkbox"/> Parent refused to sign <input type="checkbox"/> Parent not available for signature
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CASE WORKER'S SIGNATURE	DATE	CASE WORKER'S NAME
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AGENCY STREET ADDRESS	CITY	STATE	ZIP CODE
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The DCYF caseworker must:

- Upload the completed form in FamLink.
- Complete the Family Ancestry Chart (DCYF 04-220) in FamLink, if one or both parents answer yes.
- Staff must email a Native American Indian Request (NAIR) to [DCYF.NAIR@dcyf.wa.gov](mailto:DCYF.NAIR@dcyf.wa.gov) within 10 working days.