



Doyon, Limited

ADOPTION FORM

If adopted by one or both parents, please continue below

ENROLLEE INFORMATION

ENROLLEE FIRST NAME MIDDLE NAME LAST NAME SUFFIX/MAIDEN

SOCIAL SECURITY NUMBER DATE OF BIRTH (MM/DD/YYYY) GENDER

I certify that the information I am providing on this form is true and understand that false statements made on this form are subject to the same terms, conditions and restrictions on the Class C application.

SIGNATURE DATE

PRINT NAME RELATIONSHIP TO ENROLLEE

ADOPTIVE PARENT(S) INFORMATION

Alaska Native blood quantum **CAN ONLY** be established through biological parent(s).

ADOPTIVE MOTHER NOT APPLICABLE (mother is biological)

FIRST NAME MIDDLE NAME LAST NAME SUFFIX/MAIDEN

OTHER NAMES KNOWN BY (SUCH AS MAIDEN) SOCIAL SECURITY NUMBER

ALASKA NATIVE? YES NO

DATE OF BIRTH (MM/DD/YYYY)

Does adoptive mother own shares in any Regional Corporation? YES NO **IF YES**, check all that apply:

- Ahtna, Incorporated Bering Straits Native Corporation Chugach Alaska Corporation Koniag, Inc. 13th Regional Corporation
- Aleut Corporation Bristol Bay Native Corporation Cook Inlet Regional Inc. NANA Regional Corporation
- Arctic Slope Regional Corporation Calista Corporation Doyon, Limited Sealaska Corporation

ADOPTIVE FATHER NOT APPLICABLE (father is biological)

FIRST NAME MIDDLE NAME LAST NAME SUFFIX

OTHER NAMES KNOWN BY SOCIAL SECURITY NUMBER

ALASKA NATIVE? YES NO

DATE OF BIRTH (MM/DD/YYYY)

Does adoptive father own shares in any Regional Corporation? YES NO **IF YES**, check all that apply:

- Ahtna, Incorporated Bering Straits Native Corporation Chugach Alaska Corporation Koniag, Inc. 13th Regional Corporation
- Aleut Corporation Bristol Bay Native Corporation Cook Inlet Regional Inc. NANA Regional Corporation
- Arctic Slope Regional Corporation Calista Corporation Doyon, Limited Sealaska Corporation