

Portland Area Director
Bureau of Indian Affairs
911 NE 11th Ave
Portland OR 97232-4169

Inquiry to Bureau of Indian Affairs (BIA)

Second Inquiry

DSHS Case Number: _____

Dear Sir or Madam:

Pursuant to the provisions of the Indian Child Welfare Act (25 USC 1901), I am writing to request your assistance in identifying a tribe(s) I can follow up with for determination on whether the below listed child is an Indian child within the meaning of the Act. Although our information suggests that this child is of Indian heritage, we have been unable to develop sufficient information to identify any tribal affiliation for the child. The information that we have includes the following:

- Child's full name: _____
- Child's birth date: _____
- Child's birth place: _____
- Name of child's mother: _____
- Birth date of mother: _____ Birth place of mother: _____
- Name of child's father: _____
- Birth date of father: _____ Birth place of father: _____
- Location of child's parents or Indian custodian: _____
- Any additional information: _____

Your earliest response with any information about a tribe(s) the child might be affiliated with is appreciated.

SOCIAL WORKER'S NAME	DATE	TELEPHONE NUMBER (WITH AREA CODE)
STREET ADDRESS	CITY	STATE ZIP CODE

Attach Family Ancestry Chart, DSHS 04-220