

AFFIDAVIT OF NATURAL PATERNITY FORM

NANA



NANA Regional Corporation, Inc., Attn: Shareholder Records, PO Box 49, Kotzebue, AK 99752
 For assistance, call (907) 442-3301 or (800) 478-3301. Fax (907) 343-5758 Email: records@nana.com

INSTRUCTIONS

All of the following must be read carefully before completing the **Affidavit of Paternity**.

Completing Affidavit of Natural Paternity

1. The affidavit of paternity is to be completed by both biological/natural parents only.
2. This form is to be either typewritten or printed legibly in dark ink.
3. All of the information entered on this form must be complete and must be valid as of the child's date of birth.

Signing the Affidavit of Paternity

Both natural parents must sign the Affidavit of Paternity in the presence of a notary public. If a notary public is not available, a postmaster may sign and place his or her seal near each signature. If the mother is deceased, or unable or unwilling to sign, send the form along with the reason the mother did not sign.

NANA Purposes Only

This form is only for use by NANA to determine a person's blood quantum, eligibility to be issued NANA stock, or to determine voting rights. NANA will not provide this form to others except to the extent required by law. If you wish to legally acknowledge a child or change a child's name, please contact the State of Alaska Bureau of Vital Statistics.

BIRTH PARENTS

If no natural father is listed on the birth certificate of a child born out of wedlock, NANA permits the natural parents to attest to the identity of the natural father. Both the natural mother and the natural father must sign the affidavit. If the natural mother is deceased or otherwise refuses to sign, please attach a letter explaining why the natural mother has not signed and NANA will consider waiving the request for the natural mother's signature.

Child's Information

Last Name		First Name		Middle Initial	Suffix (Sr./Jr.)
DOB: month/day/year / /	City of Birth	Hospital		Mothers Maiden Name:	

Natural Fathers Information

Last Name		First Name		Middle Initial	Suffix (Sr./Jr.)	Shareholder: Yes <input type="checkbox"/> No <input type="checkbox"/>
Social Security Number: - -		DOB: month/day/year / /		Birthplace:		
Degree of Native Blood						

Please provide a copy of a BIA issued Certificate of Degree of Indian Blood (or CIB) for those not enrolled with NANA.

FATHER CERTIFICATION

I certify that the information given in this application is true to the best of my knowledge and belief.

Address		City	State	Zip	Phone Number
Signature				Date	
SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____ 20_____					
Notary Public _____ My Commission Expires _____					

MOTHER CERTIFICATION

I certify that the information given in this application is true to the best of my knowledge and belief.

During this pregnancy, my marital status was: **Married** **Single** **Divorced/Widowed** **Date of divorce/widowed** _____

Address _____ City _____ State _____ Zip _____ Phone Number _____

Signature _____

Date _____

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____ 20_____

Notary Public _____ My Commission Expires _____