

PARENTS

Natural Father

Name: _____

Current Address: _____

Date of Birth: _____

Date of Death: _____

Social Security Number: _____

Alaska Native Blood Quantum: _____

Natural Mother

Name: _____

Current Address: _____

Date of Birth: _____

Date of Death: _____

Social Security Number: _____

Alaska Native Blood Quantum: _____

Adoptive Father (if deceased was adopted child)

Name: _____

Current Address: _____

Date of Birth: _____

Date of Death: _____

Social Security Number: _____

Alaska Native Blood Quantum: _____

Adoptive Mother (if deceased was adopted child)

Name: _____

Current Address: _____

Date of Birth: _____

Date of Death: _____

Social Security Number: _____

Alaska Native Blood Quantum: _____

MARRIAGE

The deceased was married at the time of death: ___ Yes ___ No

Name of Spouse: _____

Date of death: _____

Current Address: _____

Telephone: _____

Date of Birth: _____

Social Security Number: _____

Alaska Native Blood Quantum: _____

PREVIOUS MARRIAGE (IF ANY)

Name of Former Spouse: _____

How Marriage terminated: Death Date: _____ Divorce Date: _____

Current Address (if living): _____

CHILDREN

Are there any children of the deceased? ___ Yes ___ No

The deceased has the following NATURAL CHILDREN (including deceased children) from oldest to youngest:

Name: _____

Address: _____

Date of Birth: _____

If Deceased, Date of Death: _____

Telephone No: _____

Blood Quantum: _____

Social Security Number: _____

Name: _____

Address: _____

Date of Birth: _____

If Deceased, Date of Death: _____

Telephone No: _____

Blood Quantum: _____

Social Security Number: _____

Name: _____

Address: _____

Date of Birth: _____

If Deceased, Date of Death: _____

Telephone No: _____

Blood Quantum: _____

Social Security Number: _____

Name: _____
Address: _____
Date of Birth: _____

If Deceased, Date of Death: _____
Telephone No: _____
Blood Quantum: _____
Social Security Number: _____

Name: _____
Address: _____
Date of Birth: _____

If Deceased, Date of Death: _____
Telephone No: _____
Blood Quantum: _____
Social Security Number: _____

The deceased has the following *ADOPTED CHILDREN* (including deceased children) from oldest to youngest:

Name: _____
Address: _____
Date of Birth: _____

If Deceased, Date of Death: _____
Telephone No: _____
Blood Quantum: _____
Social Security Number: _____

Name: _____
Address: _____
Date of Birth: _____

If Deceased, Date of Death: _____
Telephone No: _____
Blood Quantum: _____
Social Security Number: _____

Name: _____
Address: _____
Date of Birth: _____

If Deceased, Date of Death: _____
Telephone No: _____
Blood Quantum: _____
Social Security Number: _____

Name: _____
Address: _____
Date of Birth: _____

If Deceased, Date of Death: _____
Telephone No: _____
Blood Quantum: _____
Social Security Number: _____

The deceased has the following **CHILDREN WHO WERE ADOPTED OUT OF THE FAMILY** (including deceased children) from oldest to youngest

The deceased had children who were adopted out: _____ Yes _____ No _____
Unknown

If adopted out, were inheritance rights continued: _____ Yes _____ No _____ Unknown

Name: _____
Address: _____

Date of Birth: _____

If Deceased, Date of Death: _____
Telephone No: _____
Blood Quantum: _____
Social Security Number: _____

Name: _____
Address: _____

Date of Birth: _____

If Deceased, Date of Death: _____
Telephone No: _____
Blood Quantum: _____
Social Security Number: _____

Name: _____
Address: _____

Date of Birth: _____

If Deceased, Date of Death: _____
Telephone No: _____
Blood Quantum: _____
Social Security Number: _____

Name: _____
Address: _____

Date of Birth: _____

If Deceased, Date of Death: _____
Telephone No: _____
Blood Quantum: _____
Social Security Number: _____

OTHER RELATIVES

If both parents (natural or adopted) of the deceased shareholder are deceased and the deceased shareholder had no children, then please provide the following information concerning other relatives, such as:

BROTHERS, SISTERS, NIECES, NEPHEWS, AUNTS OR UNCLAS BY WHOLE AND HALF BLOOD AND BY ADOPTION, BUT NOT BY MARRIAGE

Name: _____
Address: _____

Date of Birth: _____
Relationship to the Deceased: _____

If Deceased, Date of Death: _____
Telephone No: _____
Blood Quantum: _____
Social Security Number: _____

