

**CUSTODIAN'S CONSENT TO APPOINTMENT
(ONLY IF APPLICANT IS A MINOR)**

I, _____, * (the parent/guardian) do hereby state that I am over the age of 18 years and I am the:

- _____ Legal Guardian
- _____ Father (including adopted)
- _____ Mother (including adopted)
- _____ Step Father
- _____ Step Mother
- _____ Grandfather (including adopted)
- _____ Grandmother (including adopted)
- _____ Brother (including half blood and adopted)
- _____ Sister (including half blood and adopted)
- _____ Uncle (including adopted)
- _____ Aunt (including adopted)
- _____ Spouse

of the following minor under the Alaska Native Claims Settlement Act:

_____ Minor's Name	_____ Minor's Social Security No.	_____ Minor's Birth Date
_____ Custodian's Social Security No.	_____ Custodian's Birth Date	
_____ Custodian's Signature	_____ Date	
_____ Mailing Address	_____ City, State, Zip Code	

* I agree to be bound by Alaska Statute 13.46.085 and Alaska Statute 13.46.110. A copy of Alaska Statute 13.46.110 is on the reverse side of this form.

Mail to:
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