

United States Department of the Interior
BUREAU OF INDIAN AFFAIRS

**VERIFICATION OF INDIAN PREFERENCE FOR EMPLOYMENT
IN BUREAU OF INDIAN AFFAIRS AND INDIAN HEALTH SERVICE ONLY**

Category A MEMBERS OF FEDERALLY RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES

This is to certify that the person named below is a member of the tribe indicated:

Full Name	Date of Birth	Tribal Affiliation
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I certify the above information was taken from the official records of the _____ Tribe and acknowledge that falsification and misrepresentation of this information is punishable under Federal Law.

OR

Tribal Representative	Date	BIA Representative	Date
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Title	Title
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Agency Name

Category B DESCENDANTS OF MEMBERS OF FEDERALLY RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES WHO WERE RESIDING ON ANY INDIAN RESERVATION ON JUNE 1, 1934.

This is to certify that the person named below has established to my satisfaction that he is a descendant of an enrolled member of the tribe named below and that he was living on an Indian reservation on June 1, 1934. The applicant's family history is outlined on the attached family history chart.

Name of Individual	Date of Birth	Reservation of Residence on June 1, 1934
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Ancestor	Tribal Record of Affiliation
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Date	BIA Representative
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Title

Agency Name

Category C PERSONS WHO POSSESS AT LEAST ½ DEGREE INDIAN BLOOD DERIVED FROM TRIBES INDIGENOUS TO THE UNITED STATES.

This is to certify that I have reviewed the documentation to support the below listed individual's claim to the possession of at least ½ degree Indian blood. The attached family history chart outlines the individual's family history.

_____	_____	_____
Name	Date of Birth	Degree of Blood and Tribal Derivation
_____	_____	_____
Based on (name records)	BIA Representative	Date
_____	_____	_____
_____	Title	_____
_____	_____	_____
_____	Agency	_____
_____	_____	_____

Category D PERSONS OF ESKIMO OR OTHER ABORIGINAL PEOPLES OF ALASKAN DESCENT

This is to certify that the person named below has established to my satisfaction that he is qualified for Indian Preference because of his possession of Eskimo or other aboriginal peoples' blood of Alaska. The attached family history chart outlines the individual's family history.

_____	_____	_____
Name	Date of Birth	Alaska Native Group
_____	_____	_____
Record(s) on Which Based	_____	_____
_____	BIA Representative	Date
_____	_____	_____
_____	Title	_____
_____	_____	_____
_____	Agency	_____