[MUST BE PRINTED ON TRIBAL LETTERHEAD]

[DATE]

Alaska Department of Health and Social Services

Health Analytics & Vital Records

P.O. Box 110675

Juneau, AK 99811-0675

 RE: [CHILD’S NAME]

 DATE OF BIRTH: [PROVIDE DATE HERE]

To Whom It May Concern:

I write to you on behalf of [TRIBE’S NAME HERE] (Tribe), to request a certified copy of the cultural adoption records held by the State of Alaska, Health Analytics & Vital Records.

Enclosed, please find:

* Payment to Health Analytics & Vital Records in the amount of $30 for each copy;
* A copy of the ID of the Tribal Official signing this letter.

The certified document should be mailed to [TRIBE’S NAME AND ADDRESS; OR OTHER RECIPIENT].

Moving forward, the Tribe authorizes Health Analytics and Vital Records to provide certified copies of the cultural adoption records to the following individuals without any further action by the Tribe:

* The adoptive parents; and
* The adopted individual, or their legal guardian.

If there are any issues with this request, please contact the Tribe at [GIVE CONTACT INFORMATION]

Sincerely,

[NAME, TITLE]