Baan o yeel <u>kon</u> Corporation Affidavit of Identity

First Name	Middle	Last	Suffix/Maiden Name	
Mailing Address – Street or P.O. B	ox City	State	Zip Code	
Home Phone	Cell/Message	E	E-Mail Address	
Social Security Number	Gender	Date of Bin	rth (MM/DD/YYYY)	
Are you a US citizen? □YES	⊐NO			
Enrolled to another Native Regiona	al Corporation? □YES	□NO		
Enrolled to Village Corporation?	□YES □NO			
MOTHER □Biological □A	doptive (Please attach add		ate of Birth (MM/DD/YYYY)	
First Name	Middle	Last		
Mailing Address	City	State	Zip Code	
Baan o yeel <u>kon</u> Shareholder? \Box Y	ES □NO UNSURE If	no, enrolled to:		
FATHER □Biological □Adopt	ive (Please attach adoptic		Date of Birth (MM/DD/YYYY)	
First Name	Middle	La	ist	
Mailing Address	City	State	Zip Code	
Baan o yeel <u>kon</u> Shareholder? $\Box Y$	ES □NO UNSURE If n	o, enrolled to:		
BLOOD QUANTUM/VOTING	RIGHTS:			
□I certify that I am/□In certified birth certificate). If you DO how to obtain one.				
□I certify that I am NOT Alaska Nativ By signing my name to this document the best of my knowledge.		mation provided in this	s affidavit is true and correct to	
	Signature		Date	
Transfer From:				

If new shareholder is under age 18, custodian must complete the back page.

Please read carefully:

I hereby accept and consent to my appointment as custodian of the shares to which the minor person is entitled, pursuant to the Alaska Uniform Gifts to Minors act, AS 13.46.085.

I understand that the duties and powers of custodian of Baan o yeel <u>kon</u> shares are governed by the laws of the State of Alaska, in particular AS 13.46.085 AS 13.46.110-130. I also understand that as custodian I may spend any distributions and dividends which are received by the minor only for the support, maintenance, education, and benefit of the minor, and for no other person or purpose.

LEGAL GAURDIAN	□PARENT	□COURT AP	POINTED (Doc	uments Attached)
First Name	Middle Initial	Last Name		
Mailing Address	City	S	tate	Zip Code
Home Phone	Cell/Message	Er	mail Address	
Social Security Number		Date of Birth (MM	/DD/YYYY)	
Alaska Native? DYES DN	O Baan o yeel <u>kon</u> Shareholder?	□YES □NO Enrolled	d to:	
Is child living with you? \Box Y	ES □NO			
Relationship to child?				

Optional – Family Tree	Worksheet	Grandmother's name Blood Quantum
	Mother's name Blood Quantum	
		Grandfather's name Blood Quantum
Child's name Blood Quantum		
		Grandmother's name Blood Quantum
	Father's name Blood Quantum	
4		Grandfather's name Blood Quantum
PLEA	SE COMPLETE APPLICA	FION ON BOTH SIDES