

UNITED STATES DEPARTMENT OF THE INTERIOR
OFFICE OF HEARINGS AND APPEALS

AFFIDAVIT OF FAMILY HISTORY

Estate of _____

Date of Birth: _____ Tribe & Allotment or ID No.: _____ Blood Degree: _____

Date of Death: _____ In what city and state did death occur? _____

Decedent (did) (did not) leave a will

Last place of residence: _____

MARRIAGES:

Names	Married		Date of Birth	Date of Death	DIVORCED		Tribal ID Number	Degree of Blood
	Date	How			Date	How		

Did decedent have any other marriages other than those show above? _____

CHILDREN (Also show facts regarding illegitimacy and adoption)

Names	Sex	Date of Birth	Name of Other Parent	Date of Death	Tribal ID Number	Degree of Blood

Did Decedent have any other children, other than those shown above? _____

Did decedent adopt any children? _____ (if so show details on reverse of form)

Were any of decedent's children adopted by anyone else? _____ (if so show details)

CHILDREN OF DECEASED CHILDREN: (Also show facts regarding illegitimacy and adoption)

Names	Sex	Date of Birth	Names of Both Parents	Date of Death	Tribal ID Numbers	Degree of Blood

Was the decedent ever adopted by anyone? _____

If so, list names and addresses of adoptive parents:

AFFIDAVIT OF FAMILY HISTORY

PARENTS:

Names	Married Date How	Date of Birth	Date of death	Divorced Date How	Tribal ID Number	Degree of Blood
FATHER						
MOTHER						

BROTHERS AND SISTERS

Names	Sex	Date of Birth	Names of Both Parents	Date of Death	Tribal ID Number	Degree of Blood

CHILDREN OF DECEASED BROTHERS AND SISTERS

Names	Sex	Date of Birth	Names of Both Parents	Date of Death	Tribal ID Number	Degree of Blood

Was the Decedent's death the result of natural causes, accident, or violence? (circle one)

I, _____, hereby certify that the outline of the family history of _____, shown on this form is correct so far as I know it and that I have every reason to believe that there are no material omissions therefrom and that the complete family is shown to the best of my knowledge. I (am) (am not) related to the decedent as _____.

Spouse, child, grandchild, cousin, etc.

Signature
Date