**Superior Court of Washington, County of**

|  |  |
| --- | --- |
| In the Guardianship of:    Respondent/s *(minors/children)* | No.  Proof of Mailing (Indian Child Welfare Act Notice)  (AFML) |

**Proof of Mailing (Indian Child Welfare Act Notice)**

I declare:

**1.** I am age 18 or older.

**2.** On *(date)*: , I personally mailed copies of the:

* Guardianship Petition
* Indian Child Welfare Act Notice (Guardianship)

[ ] Other documents:

to the following people by certified mail with return receipt requested:

**Tribe/s** (mail to the agent listed in the Federal Register)

*(Tribal agent):*

*(Tribe)*:

*street number or P.O. box city state zip*

*(Tribal agent):*

*(Tribe):*

*street number or P.O. box city state zip*

*(Tribal agent):*

*(Tribe):*

*street number or P.O. box city state zip*

**Parents**

(*Name*):

*street number or P.O. box city state zip*

(*Name*):

*street number or P.O. box city state zip*

**BIA**

Regional Director, Bureau of Indian Affairs

911 NE 11th Avenue

Portland, OR 97232

**[ ] Indian custodian/s** (*if any*)

(Name):

*street number or P.O. box city state zip*

**3.** Other information *(if any):*

I declare under penalty of perjury under the laws of the State of Washington that the statements on this form are true.

Signed at Date:

*city state*

*Signature Print*

***Tape return receipt/s below:***