

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:

Tribes/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: