In ¹	the Guardianship of:					
		No				
Respondent/s (minors/children)		Proof of Mailing (Indian Child Welfare Act Notice) (AFML)				
	Proof of Mailing (Ind	ian Child Welfare Act	: Notice)			
de	clare:					
	I am age 18 or older.					
•	On (date): Guardianship Petition Indian Child Welfare Act Notice (G					
	to the following people by certified ma	ail with return receipt reques	ted:			
	Tribe/s (mail to the agent listed in the Federal Register)					
	(Tribal agent):					
	(Tribe):					
	street number or P.O. box ca	ity state	zip			
	(Tribal agent):					
	(Tribe):					
	street number or P.O. box c	ity 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 911 NE 11 th Avenue Portland, OR 97232	Indian Affairs			
[] Indian custodian/s (if any)				
(Name):				
street number or P.O. box	city	state	zip	
Other information (if any):				
clare under penalty of perjury und his form are true.	er the laws of	the State of Washir	ngton that the statemen	
ned at		Date:		
city		state		

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