

**Superior Court of Washington, County of \_\_\_\_\_**

In the Guardianship of:

\_\_\_\_\_  
Respondent/s (*minors/children*)

No.  
\_\_\_\_\_

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

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**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 11<sup>th</sup> 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 \_\_\_\_\_ *city*      \_\_\_\_\_ *state*      Date: \_\_\_\_\_

▶ \_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print*

**Tape return receipt/s below:**