

REQUESTING COPY OF CERTIFICATE OF INDIAN BLOOD

Name _____

Address _____

City, State, Zip _____

Date _____

Navajo Nation Vital Records Office
Western Agency
PO Box 1510
Tuba City, Arizona 86045

Dear Navajo Nation Vital Records Office:

I am requesting _____ copies of my Certificate of Indian Blood for the purpose of applying for the CARES Act Hardship II Assistance. My census # is _____ and my DOB is _____.
If you have any questions, you can reach me at (Telephone #) _____. Thank you for your time. To expedite my request, please email to: _____.

Applicant's Signature (in front of notary) _____

NOTARY AREA

State of Arizona County of _____. On this _____ day of _____, 20____ before me personally appeared _____

(*name of signer*), whose identity was proven to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledges that he/she signed the above document.

Affix Seal/Stamp Here

Notary Signature _____

My Commission Expires _____