



# OLD HARBOR NATIVE CORPORATION

## Descendant Database Form

The Descendant program is an on-going application process which is available to descendants of voting shareholder. This program allows Old Harbor Native Corporation to communicate with future shareholders, notify them of internships, scholarships or & other opportunities.

**Copy of Birth Certificate(s) are required for all levels to show proof of descendant(s) to an Alaskan Native.**

Provide as follows:

- For child provide a copy of the child's birth certificate
- For grandchild provide a copy of the grand child's birth certificate
- For great grandchild provide a copy of the great grand child grand child and child's birth certificate

Your certified birth certificates will be copied and original(s) returned to the applicant

**Provide information about the descendant applicant:**

Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

email \_\_\_\_\_

If applicant is under age 18, please provide information of the custodian/guardian:

Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

email \_\_\_\_\_

**Provide information of the (voting) shareholder from whom applicant is descended:**

Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Check one to show relationship to applicant  Parent  Grand Parent  Great Grand Parent

\_\_\_\_\_  
**Signature of applicant or custodian/guardian of minor applicant    Date**

**Provide information about the descendant applicant:**

Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

email \_\_\_\_\_

If applicant is under age 18, please provide information of the custodian/guardian:

Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

email \_\_\_\_\_

**Provide information about the descendant applicant:**

Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

email \_\_\_\_\_

If applicant is under age 18, please provide information of the custodian/guardian:

Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

email \_\_\_\_\_

**Provide information about the descendant applicant:**

Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

email \_\_\_\_\_

If applicant is under age 18, please provide information of the custodian/guardian:

Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

email \_\_\_\_\_

**Please mail this application with copies of birth certificates to:**

**Old Harbor Native Corporation 2702 Denali Street Suite 100 Anchorage Alaska 99503  
ph 907.278.6100 fax 907.276.3441 or Toll free 877.582.6100 www.oldharbornativecorp.com**