

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.

Descendant Database Form

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

| ovide a copy of the gr | rand child's birth certificareat grand child grand child grand child eturned to the applicant | te ld and child's birth certificate |
|-------------------------|---|---|
| ovide a copy of the gr | reat grand child grand chi | |
| pied and original(s) re | eturned to the applicant | ld and child's birth certificat |
| | | |
| cendant applicant | • | |
| | - | |
| SSN | DOB | |
| City | State | Zip Code |
| rk Number | Cell Numbe | :Г |
| | | |
| rovide information | of the custodian/guard | ian: |
| SSN | DOB | |
| City | State | Zip Code |
| rk Number | Cell Numbe | er |
| | | |
|) shareholder fron | n whom applicant is d | escended: |
| SSN | DOB | |
| oplicant Parent | Grand Parent | Great Grand Parent |
| | City rovide information SSN City rk Number shareholder from SSN | City State Tk Number Cell Number Trovide information of the custodian/guards SSN DOB City State Tk Number Cell Number Cell Number Shareholder from whom applicant is d |

| 3.7 | aco. | DOD |
|---|--|--|
| | | DOB |
| | • | State Zip Code |
| | | Cell Number |
| | e 18, please provide information | |
| | | C |
| Name | SSN | DOB |
| Address | City | State Zip Code |
| Home Number | Work Number | Cell Number |
| email | | |
| | | |
| Provide information a | about the descendant applicant | : |
| Name | SSN | DOB |
| Address | City | State Zip Code |
| | | Cell Number |
| | | |
| If applicant is under ag | e 18, please provide information | of the custodian/guardian: |
| ii applicant is under ag | c 10, picase provide information | or the valuation bautain. |
| | • | DOB |
| Name | SSN | · · |
| NameAddress | SSN | DOB |
| NameAddress | SSN SSN City Work Number | DOB Zip Code |
| NameAddress | SSN SSN City Work Number | DOB Zip Code Cell Number |
| NameAddress Home Number email | SSN SSN City Work Number | DOB Zip Code Cell Number |
| NameAddress Home Number email | SSN SSN City Work Number | DOB Zip Code Cell Number |
| NameAddress Home Number email Provide information at Name | SSN SSN City Work Number Bbout the descendant applicant SSN | DOB Zip Code Cell Number Zip Code Code Code Zip Code |
| NameAddress Home Number email Provide information a Name Address | SSN SSN City Bout the descendant applicant SSN City City City City SSN SS | DOB Zip Code Cell Number DOB Code Zip Code State Zip Code |
| NameAddress Home Number email Provide information at Name Address Home Number | SSN SSN City Work Number SSN SSN SSN SSN City Work Number Work Number | DOB Zip Code Cell Number Zip Code DOB Zip Code State Zip Code Cell Number Zip Code |
| NameAddress Home Number email Provide information at Name Address Home Number email | SSN SSN City Work Number SSN SSN SSN City Work Number Work Number | DOB Zip Code Cell Number Zip Code DOB Zip Code State Zip Code Cell Number |
| NameAddress Home Number email Provide information at Name Address Home Number email If applicant is under ag | SSN City Work Number SSN SSN SSN City Work Number Solution with the descendant applicant solution in the solution is solved in the solution in the solution in the solution is solved in the solution in the solution in the solution is solved in the solution in the solutio | DOB Zip Code Cell Number Zip Code Cell Number Zip Code State Zip Code Cell Number Zip Code Cell Number Zip Code |
| NameAddress Home Number email Provide information at the second provide infor | SSN SSN City Work Number SSN City Work Number SSN City Work Number SSN | DOB Zip Code Cell Number Zip Code Cell Number Zip Code State Zip Code Cell Number Zip Code Of the custodian/guardian: DOB DOB Zip Code |
| NameAddress Home Number email Provide information at Name Address Home Number email If applicant is under ag Name Address | SSN City Work Number SSN SSN SSN City Work Number SSN City SSN SSN City SSN SSN SSN City SSN | DOB Zip Code Cell Number Zip Code Cell Number Zip Code State Zip Code Cell Number Zip Code Cell Number Zip Code |