FORM BIA – 4432

OMB Control # 1076-0160
Expiration Date: 01/31/2018

VERIFICATION OF INDIAN PREFERENCE FOR EMPLOYMENT IN THE BUREAU OF INDIAN AFFAIRS AND THE INDIAN HEALTH SERVICE

Complete one of the categories as stated in the Instructions and submit this form with your application for Federal employment.

CATEGORY A - MEMBERS OF FEDERALLY-RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES
This is to certify that the person named below is a member of the tribe shown:

Full Name _____ Enrollment No. _____ Date of Birth _____ Tribal Affiliation _____

I certify that the above information was taken from the official membership records of the _____ Tribe (or records maintained for the Tribe by the BIA) and acknowledge that falsification and misrepresentation of this information is punishable under Federal Law, 18 U.S.C. 1001.

Certification by Tribal Official:

Signature _____ Date _____

Print Name & Title of Tribal Official _____

And if required, verification by the BIA Official maintaining the official tribal rolls that the individual is listed on enrollment list maintained by the BIA at the request of the tribe.

Signature of BIA Official _____ Date _____

Name/Title _____ Agency _____

CATEGORY B - DESCENDANTS OF MEMBERS OF FEDERALLY-RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES WHO WERE RESIDING ON ANY INDIAN RESERVATION ON JUNE 1, 1934
I certify that the person named below has established to my satisfaction that he/she is a descendant of an enrolled member of the tribe named below and that he/she was living on an Indian reservation on June 1, 1934. The applicant's family history is outlined on the attached family history chart.

Full Name _____ Date of Birth _____

Reservation of Residence on June 1, 1934 _____

Full Name of Ancestor & Tribal Affiliation _____

Title and source of records upon which this is based: _____

BIA Official _____ Date _____

Title _____ Agency _____

CATEGORY C - PERSONS WHO POSSESS AT LEAST ONE-HALF DEGREE INDIAN BLOOD DERIVED FROM TRIBES INDIGENOUS TO THE UNITED STATES.
I certify that I have reviewed the documentation to support the below listed individual's claim to possess at least one-half degree Indian blood. The applicant's family history is outlined on the attached family history chart and official records.

Full Name _____ Date of Birth _____ Degree of Blood and Tribal Derivation _____

Title & Source of Records upon which this is based: _____

☐ Official Records of Tribal Affiliation & Blood Degree
☐ State or Academic Recognition of Indigenous Status

BIA Official _____ Date _____

Title _____ Agency _____