NCIN
NATIONAL COUNCIL OF INDIGENOUS NATIONS
DNA BLOOD TESTING AUTHORIZATION OF FLORIDA

ANCESTRY • IDENTITY • CULTURE • HERITAGE • RIGHTS • COMMUNITY • PRESERVATION • HEALTH • FUTURE GENERATIONS

1. INDIVIDUAL INFORMATION (Requester)

Full Legal Name: _____

Former / Maiden / Alternate Names: _____

Date of Birth: ____/____/_____ Place of Birth (City, State): _____

Current Address: _____

City: _____ State: **FL** ZIP: _____

Phone Number: _____ Email: _____

NCIN Case/Reference No.: _____

2. PURPOSE OF DNA BLOOD TESTING (Check all that apply)



- ☐ Confirm Indigenous ancestral lineage and heritage
- ☐ Support tribal affiliation inquiry or enrollment
- ☐ Verify family relationships (parentage, kinship, or lineage)
- ☐ Resolve conflicting or missing historical records
- ☐ Support cultural, genealogical, and identity research
- ☐ Establish biological connection to documented ancestors
- ☐ Support legal claims, repatriation, or heritage rights
- ☐ Medical/genetic health information (optional separate consent required)
- ☐ Other (specify): _____

3. AUTHORIZATION FOR DNA BLOOD TESTING (Consent)

I, the undersigned, authorize the National Council of Indigenous Nations (NCIN) and its designated certified testing laboratory to collect and analyze my DNA blood sample for the purpose(s) indicated above. I understand that this testing may include autosomal, Y-DNA, and/or mitochondrial DNA analysis to support Indigenous ancestry research, family lineage verification, and cultural heritage documentation.

- ☐ I voluntarily consent to the collection and testing of my blood sample.
- ☐ I understand the purpose, process, and potential outcomes of this testing.
- ☐ I understand that my results will be used only for NCIN-authorized purposes.
- ☐ I may revoke this consent in writing at any time, subject to applicable laws.

4. TYPE OF DNA TESTING REQUESTED (Check all that apply)



- ☐ Autosomal DNA (Ancestry and ethnic origin)
- ☐ Y-DNA (Paternal lineage – male line)
- ☐ mtDNA (Maternal lineage – female line)
- ☐ Tribal Population Marker Comparison
- ☐ Disease/Health-Related Genetic Markers (optional – separate consent)
- ☐ Custom Research Panel (specify): _____
- ☐ Other (specify): _____

5. SAMPLE COLLECTION INFORMATION

Collection Date: _____/_____/_____ Time: _____

Collected By (Name/Title): _____

Collection Location (City, State): _____

Blood Sample ID / Tracking No.: _____

Laboratory Name: _____

Laboratory Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

6. PRIVACY AND USE OF INFORMATION

- ☐ Results will be kept confidential and used only for NCIN authorized cultural, genealogical, and heritage purposes.
- ☐ Information will not be sold, shared, or used for unrelated commercial purposes.
- ☐ Results may be used to support tribal affiliation, cultural documentation, repatriation efforts, historical research, and community lineage verification.
- ☐ Any use for medical or clinical purposes requires separate written consent.
- ☐ I understand that DNA results are scientific estimates and may not constitute governmental, tribal, or legal recognition.
- ☐ I agree to comply with all applicable laws, laboratory guidelines, and NCIN policies.

7. SUPPORTING DOCUMENTS (Attach copies if available)



- ☐ Government Issued ID (Florida Driver's License/State ID)
- ☐ Birth Certificate
- ☐ Family Records (oral history, family tree, letters, etc.)
- ☐ Tribal Records (if available)
- ☐ Historical Documents
- ☐ Photographs (with identification)
- ☐ Previous DNA Test Results (if any)
- ☐ Other: _____

8. EXPECTED OUTCOMES (Check all that apply)



- ☐ Ancestral population and ethnic origin report
- ☐ Maternal and/or paternal lineage identification
- ☐ Comparison with Indigenous reference populations
- ☐ Tribal affiliation support documentation
- ☐ Genealogical verification report
- ☐ Cultural heritage record for NCIN archives
- ☐ Use in repatriation or legal processes
- ☐ Other (specify): _____

9. REQUESTOR ATTESTATION

I declare that the information provided in this authorization is true and correct to the best of my knowledge. I understand the purpose of this DNA testing and give my voluntary consent. I acknowledge that results are for ancestral, cultural, genealogical, and heritage research purposes and do not guarantee tribal enrollment, legal status, or citizenship.

Signature: _____ Date: _____/_____/_____

Printed Name: _____

10. OPTIONAL FLORIDA NOTARY / WITNESS

State of Florida, County of _____

On this ____ day of _____, 20____,

personally appeared _____,

known to me or proved to me on the basis of satisfactory evidence to be the person who signed this document.

Notary Signature: _____

Printed Name: _____

My Commission Expires: _____/_____/_____

Florida Notary Seal Here

OUR ANCESTORS
OUR HISTORY
OUR RIGHTS
OUR LANDS
OUR BELONGINGS
OUR FUTURE

NCIN PROFESIONAL AUTHENTICATION
NATIONAL COUNCIL OF INDIGENOUS NATIONS
OFFICIAL DOCUMENTATION SUPPORT FORM

Chieftainess Reda Xiu Copper Yah Hawk
Authorized NCIN Representative
Chieftainess Reda Xiu Copper Yah Hawk

Reference ID: NCIN-FL-DNA-001
Issue Date: ____/____/____

VERIFY NCIN DOCUMENT
VERIFY DOCUMENT

★★★ PEOPLE ★ LAND ★ LAW ★ CULTURE ★ PRESERVATION ★ RESTORATION ★ UNITY ★ FUTURE GENERATIONS ★★★★