Copy:

Copy:

Original: Court Record

Parent

Case Record

Co
UNTY
FION NUMBER
ME OF CHILD'S TRIBE (If Known)
BAL MEMBERSHIP OR ENROLLMENT NUMBER (If Known
П

I,		NAME OF PARENT		, being the (Choose One):
	Birth Mother	Presumed Father	Biological Father	Other Legal Parent
of		NAME OF CHILD		(Gender: \Box M \Box F),
born c	DATE OF BI		PLACE OF BIRTH	give my
full and free consent to the adoption of said child by			NAME OF PE	

I understand that with the signing of this document I agree to the permanent placement of said child and that I will INITIAL no longer have any of my rights of custody, services, and earnings of said child.

	I understand that this child is or m	ay be covered under the Indian	Child Welfare Act (ICWA).
INITIAL			()

I understand that unless this child is confirmed as covered under ICWA my right to revoke this consent is ONLY DURING THE THIRTY (30) DAY PERIOD beginning on the date I sign this consent and only if I have not waived my right to revoke this consent.

I understand that if this child is confirmed as covered under ICWA, I have the right to withdraw this consent at any INITIAL time **BEFORE THE FINAL DECREE** of adoption has been entered in court.

I understand that if this child is later confirmed as covered under ICWA then the agency will notify me. I INITIAL understand I must keep the agency informed of my current address.

SIGNATURE OF PARENT	DATE
FULL ADDRESS	

INITIAL

SECTION A: Complete SECTION A and B if signed In or Out-of-California					
a representative of					
I,, a representative of	NAME OF ADOPTION AGENCY				
have witnessed the signing of this consent to adoption by the above named parent on	in				
COUNTY AND STATE WHERE SIGNED					
SIGNATURE OF AGENCY REPRESENTATIVE	TITLE OF AGENCY REPRESENTATIVE				
FULL ADDRESS	TELEPHONE NUMBER				
SECTION B: Certification of the Court					
The parent of this child to whom the ICWA does apply or may apply, and the adoption agency representative, whose					
signatures are affixed above, appeared in my presence on This voluntary consent has been					
given at least ten (10) days after the birth of the child. The terms and consequences of the voluntary signing of this consent have been fully explained in English, or translated in a language understood by the parent, including the right to withdraw the consent prior to the final decree of adoption if the child is confirmed to be covered under ICWA.					
SIGNATURE OF SUPERIOR COURT JUDGE	DATE				
NAME OF SUPERIOR COURT JUDGE	NAME OF COURT JURISDICTION				