

**PARENTAL CONSENT TO  
[FOSTER CARE, ADOPTION, TERMINATION OF PARENTAL RIGHTS]  
OF AN INDIAN CHILD**

In the Matter of the Petition of:

\_\_\_\_\_ Petitioner

County of: \_\_\_\_\_ State of: \_\_\_\_\_

I, \_\_\_\_\_  
Name of Parent

being the (choose one): Birth mother \_\_\_ Biological Father \_\_\_ Presumed Father \_\_\_ Other Legal Parent \_\_\_

Of \_\_\_\_\_ (Gender: F \_\_\_ M \_\_\_) born on \_\_\_\_\_  
Name of Child Child's Birth Date

In \_\_\_\_\_  
Child's Place of Birth

give my **consent** to the [foster care, adoption, termination of parental rights] of said child

[If adoption, by \_\_\_\_\_]  
Name of Petitioner(s)

Under the following conditions \_\_\_\_\_

\_\_\_\_\_ State "None" if there are no conditions to this consent.

I understand that I may revoke this consent ONLY PRIOR TO ENTRY OF A FINAL ORDER. I further understand that with the signing of the order of adoption or termination of parental rights by the court, I give up all rights of custody, services, and earnings of said child and I may not reclaim said child.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Parent

**Additional Information**

Name of the Indian child's Tribe: \_\_\_\_\_

Tribal enrollment number for the parent (if known): \_\_\_\_\_

Tribal enrollment number for the Indian child (if known): \_\_\_\_\_

Name and address of the person or entity, if any, who arranged the placement: \_\_\_\_\_

Name and address of the prospective foster parents (if known): \_\_\_\_\_

I certify that the terms and consequences of the consent were explained on the record in detail in English (or the language of the parent or Indian custodian, if English is not the primary language) and were fully understood by the parent or Indian custodian.

\_\_\_\_\_  
Signature of Court Official

\_\_\_\_\_  
Date