

**PRESUMED FATHER'S CONSENT TO ADOPTION OF INDIAN CHILD
(In or Out-of-California)**

Original: Court Record
Copy: Parent
Copy: Case Record

In the Matter of the Petition of <hr/> PETITIONER(S)	COUNTY <hr/> ACTION NUMBER <hr/> NAME OF CHILD'S TRIBE (If Known) <hr/> TRIBAL MEMBERSHIP OR ENROLLMENT NUMBER (If Known)
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I, _____, being presumed by law to be the father of
NAME OF PRESUMED FATHER

_____, (Gender: M F), born to
NAME OF CHILD

_____ on _____ in
NAME OF MOTHER DATE OF BIRTH

_____ declare that I am not the biological father of said child and
PLACE OF BIRTH

give my full and free consent to the adoption of said child by _____.
NAME OF PETITIONER(S)

INITIAL I declare that I am not the biological father of said child and am executing this consent to adoption solely for the purpose of promoting the welfare and best interests of said child by facilitating said child's adoption by petitioner(s).

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

INITIAL I understand that this child is or may 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.

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

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

SIGNATURE OF PRESUMED FATHER	DATE
FULL ADDRESS	

**SECTION A:
Complete SECTION A and B if signed In or Out-of-California**

I, _____, a representative of _____,
NAME OF AGENCY REPRESENTATIVE NAME OF ADOPTION AGENCY
 have witnessed the signing of this consent to adoption by the above named parent on _____ in
DATE
 _____.
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
DATE
 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