## **RELINQUISHMENT OF AN INDIAN CHILD Out-of-State**

|                         | (Birth Mothe  | r/Biological F  | ather/Presume                       | ed Father)        |                            |                 |
|-------------------------|---|-----------------|-------------------------------------|-------------------|----------------------------|-----------------|
| NAME OF CHILD'S TRIBE   |   |                 | ROLL NUMBER OR OTH                  | HER EVIDENCE OF T | RIBAL AFFILIATION          |                 |
|                         | On this   | dav of          |                                     | 20 .              |                            |                 |
|                         |   | -               |                                     |                   |                            |                 |
|                         | the   | NAME C          | DF AGENCY                           |                   |                            |                 |
|                         | hereby signifie<br>relinquishment a   |                 |                                     |                   | n.                         |                 |
|                         |   |                 | Ву                                  |                   | AUTHORIZED AGENCY OFFICIAL |                 |
|                         |   |                 |                                     |                   |                            |                 |
| I,                      | NAME OF PARENT  | being the mot   | her/father of                       |                   | NAME OF CHILD              | , a minor       |
|                         | child born on   |                 | in                                  |                   |                            | do hereby       |
| GENDER                  | _ child, born on  |                 |                                     | CITY              | STATE                      | do notoby       |
| relinquish and surren   | der the child for adoption to   | NAME OF AGENCY  |                                     |                   |                            |                 |
|                         |   |                 |                                     |                   | ( )                        |                 |
| to the custody, service | t when this relinquishment is filed wo<br>ces and earnings of the child and<br>be binding with the signing of the dec | any responsib   | ility for the care                  | and support       | of the child will be term  | inated, and the |
| DATE                    |   |                 |                                     | Sid               | GNATURE OF PARENT          |                 |
|                         | ***COMPI  | ETED BY         | NOTARY PL                           | IBLIC***          |                            |                 |
| When                    | the form is NOT BEING s   |                 |                                     |                   | ency representati          | ve              |
| The Notary Publ         | ic must staple the Acknowl  | edgement (      | document to                         | this form a       | and sign and date l        | below.          |
| SIGNATURE OF NOTARY     |   | <u> </u>        |                                     |                   | DATE                       |                 |
| signing of the decree   | equences of the voluntary signing of adoption were fully explained in representative whose signature is as            | n detail to and | hment, including<br>I understood by | the parent of     | this Indian child. The     | explanation was |
| DATE                    | SIGNATURE OF JUDGE  |                 |                                     |                   | SUPERIOR COURT             |                 |