

**ALLEGED 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, \_\_\_\_\_, having been alleged to be the father of  
NAME OF ALLEGED FATHER

\_\_\_\_\_, (Gender:  M  F),  
NAME OF CHILD

born to \_\_\_\_\_ on \_\_\_\_\_ in  
NAME OF MOTHER DATE OF BIRTH

\_\_\_\_\_ give my full and free consent to the adoption of said  
PLACE OF BIRTH

child by \_\_\_\_\_.  
NAME OF PETITIONER(S)

\_\_\_\_\_  
INITIAL I understand that the signing of the order of adoption by the court, will result in the permanent placement of said child and that I will no longer have any rights of custody, services, and earnings of said child and I may not reclaim said child.

\_\_\_\_\_  
INITIAL I understand that this child is or may be covered under the Indian Child Welfare Act (ICWA) and that if I want any rights under ICWA I must have a court order declaring that I am this child's father.

\_\_\_\_\_  
INITIAL I understand I have the right to retain a lawyer to assist me in retaining any rights to this child including establishing paternity or any rights under ICWA.

\_\_\_\_\_  
INITIAL I understand that I may revoke this consent **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 later confirmed as covered under ICWA, that any other legal parent will have the right under ICWA to withdraw their consent **BEFORE THE FINAL DECREE** of adoption is signed.

SIGNATURE OF ALLEGED FATHER	DATE
FULL ADDRESS	

<b>SECTION A</b> <b>Complete if signed in California</b>	
I, _____, a representative of _____, <div style="display: flex; justify-content: space-between; font-size: small;"> <span>NAME OF AGENCY REPRESENTATIVE</span> <span>NAME OF CDSS OR DELEGATED COUNTY ADOPTION AGENCY</span> </div> have witnessed the signing of this consent to adoption by the above named parent on _____ in _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>COUNTY WHERE SIGNED</span> <span>DATE</span> </div>	
SIGNATURE OF AGENCY REPRESENTATIVE	TITLE OF AGENCY REPRESENTATIVE
FULL ADDRESS	TELEPHONE NUMBER
<b>SECTION B</b> <b>Complete if signed outside of California*</b> <b>*** THIS FORM MUST BE SIGNED BY A NOTARY PUBLIC WHEN SIGNED OUTSIDE OF CALIFORNIA***</b>	
<b><i>The Notary Public must staple the Acknowledgement document to this form and sign and date below.</i></b>	
SIGNATURE OF NOTARY	DATE

***\*If signing outside the United States, this section must meet with the requirements of California Civil Code Section 1183***