

**LAS SIGUIENTES SECCIONES SERÁN COMPLETADAS POR
UN REPRESENTANTE DE LA OFICINA/AGENCIA Y POR UN JUEZ**

**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 |