

IN THE INTEREST OF

**Indian Child Adoptee Information  
Indian Child Welfare Act**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

Case No. \_\_\_\_\_

**To:** Bureau of Indian Affairs  
Chief, Division of Human Services  
1849 C Street NW  
Mail Stop 4513 MIB  
Washington, DC 20240

The court hereby provides the following information regarding the Indian child adoptee:

1.	Child's Birth Name	Child's Name after Adoption	Child's Date of Birth	Child's Tribal Affiliation
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2.	Birth Father's Name	Birth Father's Address
	Birth Mother's Name	Birth Mother's Address

3. An affidavit signed by a biological parent asking that his or her identity remain confidential is attached.

4.	Adoptive Parent #1's Name	Adoptive Parent #1's Address
	Adoptive Parent #2's Name	Adoptive Parent #2's Address

5. Name and contact information for any agency having files or information relating to the adoption:

6. The child is  
 a member of the following tribe: \_\_\_\_\_  
 OR  
 eligible for enrollment in the following tribe: \_\_\_\_\_  
 AND the child's biological  
 father is a member of the following tribe: \_\_\_\_\_  
 mother is a member of the following tribe: \_\_\_\_\_

7. Additional information relating to Tribal membership or eligibility for Tribal membership of the adopted child:  **See attached**

\_\_\_\_\_

\_\_\_\_\_

8. The Order for Adoption is attached.

DISTRIBUTION:  
 1. Court  
 2. Bureau of Indian Affairs

**CONFIDENTIAL COURT RECORD**