

IN THE TRIBAL COURT OF THE  
PRAIRIE ISLAND MDEWAKANTON DAKOTA COMMUNITY

PRAIRIE ISLAND INDIAN RESERVATION

STATE OF MINNESOTA

In Re the Matter of:

Court File No. \_\_\_\_\_

CONSENT TO ADOPTION

Pursuant to Title 3, Chapter VIII of the Prairie Island Mdewakanton Dakota Community  
Judicial Code, I, \_\_\_\_\_ d/o/b \_\_\_\_\_,  
(Name of Parent) (Date of Birth)  
do consent to the termination of parental rights for my child \_\_\_\_\_  
(Name of Child)  
d/o/b \_\_\_\_\_, and his/her adoption by \_\_\_\_\_.  
(Date of Birth) (Name(s) of Adopting Person(s))

Before this Court I do state:

1. That I am the natural \_\_\_\_\_ of \_\_\_\_\_  
(Mother/Father) (Name of Child)  
who is an enrolled member of the Prairie Island Indian Community.
2. That I desire to terminate my parental rights to my child, \_\_\_\_\_  
(Name of Child)  
that he/she may be adopted by \_\_\_\_\_,  
(Names(s) of Adopting Person(s))  
\_\_\_\_\_  
(Relationship to child, if any)
3. That I fully understand the consequences of my actions.
4. That I fully understand that the entry of an order and decree of adoption divests me of  
all legal rights and obligations to my child.
5. That I have a right to withdraw my consent to adoption pursuant to Title 3, Chapter  
VIII of the Prairie Island Mdewakanton Dakota Community Judicial Code, for any  
reason, within ten (10) working days after it is executed.

6. That I \_\_\_\_\_ wish to be notified if the final decree of adoption for my child  
(Do/Do Not)  
is vacated or set aside, or if the adoptive parent(s) voluntarily consents to the termination of his/her/their parental rights to my child, so I may petition the Court for his/her custody at that time pursuant to the Indian Child Welfare Act of 1978, 25 U.S.C. 1916.
7. That I waive notice of the adoption hearing for my child \_\_\_\_\_,  
(Name of Child)  
and agree that the Court may enter the adoption decree without my presence at said hearing.
8. That I believe my consent to adoption is for good cause and in the best interest(s) of my child.
9. That this consent was not signed prior to, or within ten days of the birth of the child.
10. That I do hereby give my consent for the adoption of my child by  
\_\_\_\_\_  
(Names(s) of Adopting Parent(s))
11. That I \_\_\_\_\_ wish to remain anonymous.  
(Do/Do Not)

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Printed Name of Parent)

Witness:

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Printed Name of Witness)

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Printed Name of Parent)

Witness:

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Printed Name of Witness)

