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| **MENOMINEE INDIAN TRIBE OF WISCONSIN MENOMINEE TRIBAL COURT** |  |
| IN THE INTEREST OF      Name      Date of Birth | Indian Child Adoptee InformationCase No.        |
|  |
| To: Bureau of Indian Affairs Chief, Division of Human Services1849 C Street NWMail Stop 4513 MIBWashington, 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      |
|  |  |  |  |  |
|  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. |
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| Distribution:1. Court2. Bureau of Indian Affairs |  |