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| **MENOMINEE INDIAN TRIBE OF WISCONSIN MENOMINEE TRIBAL COURT** | | | | | | |  |
| IN THE INTEREST OF    Name    Date of Birth | | | | Indian Child Adoptee Information 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 | |
|  |  | |  | |  |  | |
| 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 | | |  | | | | |