

7. The minor child was born out of wedlock and paternity was never established.

_____ Yes _____ No (check one).

8. The natural parents rights have already been terminated _____ Yes _____ No (check one)

WHEREFORE, Petitioner(s) pray that a Final Decree of Adoption be issued, creating the relationship of parent and child between the Petitioner(s) and said minor child and providing that the name of the child shall be changed to

First	Middle	Last
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Dated this _____ day of _____, 20__.

PETITIONER

PETITIONER

SISSETON WAHPETON OYATE)
LAKE TRAVERSE RESERVATION)
STATE OF SOUTGH DAKOTA)

VERIFICATION

_____ And _____,
Petitioner(s), being first duly sworn, deposes and says that in the above entitled proceedings, that they have read the above and foregoing petition by them and know the contents thereof and that the same is true to the best of their knowledge, except as to matters therein stated on information and belief as to those matters they believe to be true.

PETITIONER

PETITIONER

Subscribed and sworn before me on this _____ day of _____, 20__.

CLERK/DEPUTY CLERK OF COURT

Sisseton Wahpeton Oyate Tribal Court Agency Village, SD 57262	INFORMATION FOR ADOPTION	IN TRIBAL COURT CASE No.
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1. CHILD BEING ADOPTED:

- A. NAME AT BIRTH _____
First
Middle
Last
- B. NAME AFTER ADOPTION _____
First
Middle
Last
- C. SEX _____ Male _____ Female
- D. DATE OF BIRTH _____
- E. PLACE OF BIRTH _____
CITY, COUNTY, STATE
- F. RESIDENCE _____
- G. ENROLLMENT (TRIBE & NUMBER) _____
- H. MAIDEN NAME OF MOTHER _____
- I. NAME OF FATHER (IF LISTED) _____

2. INFORMATION ON ADOPTIVE FATHER:

- A. NAME OF ADOPTIVE FATHER _____
FIRST, MIDDLE, LAST
- B. RESIDENCE _____
CITY, COUNTY, STATE
- C. INSIDE CITY LIMITS: _____ YES _____ NO
- D. DATE OF BIRTH _____ AGE _____
MONTH, DAY, YEAR
- E. PLACE OF BIRTH _____
CITY, COUNTY, STATE
- F. OCCUPATION _____
- G. EMPLOYER _____
- H. RACE/ENROLLMENT _____

I. RELATIONSHIP TO CHILD _____.

3. INFORMATION ON ADOPTIVE MOTHER:

J. NAME OF ADOPTIVE MOTHER _____
FIRST, MIDDLE, LAST, **Maiden**

K. RESIDENCE _____
CITY, COUNTY, STATE

L. INSIDE CITY LIMITS? _____ YES _____ NO

M. DATE OF BIRTH _____ AGE _____
MONTH, DAY, YEAR

N. PLACE OF BIRTH _____
CITY, COUNTY, STATE

O. OCCUPATION _____.

P. EMPLOYER _____.

Q. RACE/ENROLLMENT _____.

R. RELATIONSHIP TO CHILD _____.

4. MARRIAGE OF ADOPTIVE PARENTS:

DATE _____ PLACE _____

5. OTHER CHILDREN OF ADOPTIVE PARENTS – (USE BACK IF MORE SPACE IS NEEDED)

1. NAME _____ DOB _____ ENROLLMENT _____

2. NAME _____ DOB _____ ENROLLMENT _____

3. NAME _____ DOB _____ ENROLLMENT _____

4. NAME _____ DOB _____ ENROLLMENT _____

6. OTHER INFORMATION NEEDED:

A. FULL DESCRIPTION AND STATEMENT OF VALUES OF ANY PROPERTY OWNED OR POSSESSED BY THE CHILD _____

_____.

- B. NAME AND ADDRESSES OF PERSON(S) OR AGENCY HAVING LEGAL CUSTODY OR GUARDIANSHIP OF THE CHILD BEING ADOPTED _____.
- C. LENGTH OF TIME THE CHILD HAS BEEN IN THE CARE OR CUSTODY OF THE PERSON OR AGENCY LISTED ABOVE _____.
7. ATTORNEY NAME AND ADDRESS _____.
8. COPIES OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED TO THE COURT BY THE ADOPTIVE PARENTS:
1. CHILD'S BIRTH CERTIFICATE.
 2. CHILD'S VERIFICATION OF ENROLLMENT.
 3. STATEMENT IN PETITION THAT THE NATURAL PARENTS RIGHT ARE TERMINATED AND/OR COURT ORDER.
 4. ADOPTIVE PARENTS MARRIAGE CERTIFICATE.
9. THERE IS ALSO A \$30.00 FILING FEE TO AMEND THE BIRTH RECORD (SOUTH DAKOTA) THAT WILL BE COLLECTED WHEN YOU GO TO THE COURTHOUSE TO PICK UP A NEW COPY.

Information given by: _____

Date: _____

Additional Remarks: _____

