IN THE SITKA TRIBE OF ALASKA
SITKA TRIBAL COURT

PETITION FOR ADOPTION OF ADULT TRIBAL CITIZEN

Sitka Tribe of Alaska
Sitka Tribal Court
204 Siginaka Way
Sitka, Alaska 99835
(907) 966-9627

In the Matter of the Adoption of:)
_____)
Tribal Citizen Full Name (18+ years of age))
Click or tap here to enter text.)
Date of Birth) Tribal Court Case No.: _ Click or tap here to ent
text.
)
)
_____
Petitioner's Full Name)

I, _____, the Petitioner, am seeking to adopt the Tribal Citizen, whose full name is _____, and establish a relationship of parent, through Voluntary Adoption.

1. Information About Tribal Citizen:

Full Name: _____
Date of Birth: _____
Place of Birth (City, State): _____
☐ Copy of Birth Certificate Attached (required document)
Tribal Affiliation _____ Clan Name: _____
Sitka Tribe of Alaska (STA) Enrollment #: _____
Residential Address (Street Address, City/State): _____
Phone Number: _____
Email Address: _____
Tribal Citizen is an enrolled member of STA through:

(List full name, date of birth and STA enrollment number of biological parent(s)/grandparent(s) enrolled with STA, that provide for the Tribal Citizen's enrollment or eligibility for enrollment with STA)

Parent A:
Name: _____
Relation to Tribal Citizen: _____
DOB: _____
STA Enrollment #: _____

Parent B:
Name: _____
Relation to Tribal Citizen: _____
DOB: _____
STA Enrollment #: _____

*If you need assistance filling out this form, please contact the Tribal Court Administrator at court@sitkatribe-nsn.gov or 907-966-9627.

2. Information About Petitioner:

Full Name: _____
Date of Birth: _____
Tribal Affiliation _____ Clan Name: _____
STA Enrollment #: _____
Current Occupation: _____
Residential Address (Street Address, City/State): _____
Mailing Address: _____
Phone Number: _____
Email Address: _____
☐ Unmarried ☐ Married to (Spouse's full name): _____
Date Petitioner began caring for Tribal Citizen named above: _____
Was a Full Guardianship granted: ☐ No ☐ Yes on (date): _____

3. Tribal Citizen Voluntary Consent:

If the Tribal Citizen is twelve (12) years of age, or older, written proof of voluntary consent to this adoption must accompany this petition.

☐ Tribal Citizen's Consent to Adoption is Attached (required only if 12 years or older)

4. Petitioner's Means to Care for Tribal Citizen:

☐ By checking this box, I state that I have the suitable means to nurture and care for the Tribal Citizen I am requesting to adopt, I am willing and able to protect and foster the Tribal Citizen's Native heritage and I agree to formalize and maintain the parent-child relationship with the adoptive Tribal Citizen.

5. Tribal Citizen's Valuable Property:

Please describe below any valuable possessions or property belonging to the Tribal Citizen. (If none, please write, "None".)

_____
_____
_____

6. Request for Tribal Citizen Name Change:

Should this adoption be granted, I am requesting the Tribal Citizen's name to be changed from (current full name): _____
to (full name to be changed to): _____.

Dated this _____ day of _____, 20____.

_____
Petitioner's Signature

SUBSCRIBED and SWORN to before me this _____ day of _____, 20____.

SEAL

_____
Tribal Court Clerk or Notary Public Signature

_____
Tribal Court Clerk or Notary Public Printed Name

My Commission Expires: _____