IN THE SITKA TRIBE OF ALASKA
SITKA TRIBAL COURT

PETITION FOR ADOPTION OF TRIBAL CITIZEN– CO-PETITIONERS

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

In the Matter of the Adoption of:)
_____) Tribal Court Case No.: _____
Tribal Citizen Full Name (18+ years of age))
_____)
Date of Birth)
_____)
Co-Petitioner's Full Name)
_____)
Co-Petitioner's Full Name)

We, _____ and _____, the Co-Petitioners, are seeking to adopt the Tribal Citizen, whose full name is _____ _____, and establish a relationship of parent and child, 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): _____

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)

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

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

2. Information About Co-Petitioner:

Full Name: _____

Date of Birth: _____

Tribal Affiliation _____ Clan Name: _____

STA Enrollment #: _____

Current Occupation: _____

Residential Address (Street Address, City/State): _____

Mailing 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. Information About Co-Petitioner:

Full Name: _____

Date of Birth: _____

Tribal Affiliation _____ Clan Name: _____

STA Enrollment #: _____

Current Occupation: _____

Residential Address (Street Address, City/State): _____

Mailing 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): _____

4. Information About Biological Mother:

Full Name: _____

Date of Birth: _____

Tribal Affiliation _____ Clan Name: _____

STA Enrollment #: _____

Current Occupation: _____

Residential Address (Street Address, City/State): _____

Mailing Address: _____

Other: _____

5. Information About Biological Father:

Full Name: _____

Date of Birth: _____

Tribal Affiliation _____ Clan Name: _____

STA Enrollment #: _____

Current Occupation: _____

Residential Address (Street Address, City/State): _____

Mailing Address: _____

Other: _____

6. Tribal Citizen Voluntary Consent:

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

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

6. Biological Parental Consent:

Written consent of Biological Mother is attached. ☐ Yes ☐ No

If "No" please explain: _____

Written Consent of Biological Father is attached. ☐ Yes ☐ No

If "No' please explain: _____

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

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

8. Tribal Citizen's Valuable Property:

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

_____

_____

_____

9. Request for Tribal Citizen Name Change:

Should this adoption be granted, we are 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____.

_____

Co-Petitioner's Signature

_____

Co-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: _____