

IN THE CROW TRIBAL COURT  
IN AND FOR THE CROW INDIAN RESERVATION  
P.O. BOX 489, CROW AGENCY, MT 59022  
PHONE: 406-638-7400 FAX: 406-638-7415

<p>IN RE THE ADOPTION OF:</p> <p>A) _____</p> <p>B) _____</p> <p>C) _____</p> <p>CURRENT LEGAL NAMES OF THE ABOVE MINOR INDIAN CHILD(REN)</p>	<p>JUVENILE CASE NO.: _____</p> <p>PETITION FOR ADOPTION</p>
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**Note:** Name information for all parties in this petition will require full and complete names. Please do not initial first name or middle name anywhere throughout this petition. Original or certified birth certificates for each minor child must be attached to this petition. Birth certificates must be the current legal birth certificate.

**Jurisdictional Statement:** The Crow Tribal Court shall have exclusive and original jurisdiction pursuant to Title 9-1-104 (1) (a) where a child who is an enrolled member of the Crow Tribe; and/or (b) a child who is eligible for such enrollment; and/or (c) an Indian child residing or domiciled within the exterior boundaries of the Crow Reservation; and/or (d) an Indian Child having significant contacts with the Reservation community; and where (6) Proceedings for the adoption of a person of any age, either a child in one or more of the categories (a) through (d) above or a person of any age being adopted by a person or persons over whom the Tribal Court otherwise has jurisdiction.

**I. PETITIONER/PROPOSED ADOPTED PARENT INFORMATION**

Comes now the petitioners, (a) \_\_\_\_\_ and  
(b) \_\_\_\_\_ in the above entitled action and respectfully  
petitions this court to adopt the above minor child(ren). Petitioners further affirm that the  
information below is true and correct:

**Female Petitioner/Proposed Adopted Parent Information**

(a). First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_ Married Name: \_\_\_\_\_  
*As it appears on birth certificate*

*Female Petitioner/Proposed Adopted Parent  
Information Continued*

Place of Birth: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
*City and County*

Enrolled Tribal Affiliation and/or Race: \_\_\_\_\_ Enrollment No.: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Current Residence: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Cell and/or Home Phone No: \_\_\_\_\_

**Male Petitioner/Proposed Adopted Parent Information**

(b). First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
*As it appears on birth certificate (Jr., Sr, III, etc.)*

Place of Birth: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
*City and County*

Enrolled Tribal Affiliation and/or Race: \_\_\_\_\_ Enrollment No.: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Current Physical Address: \_\_\_\_\_

Cell and/or Home Phone No: \_\_\_\_\_

**II. MINOR CHILDREN/NATURAL PARENT INFORMATION**

**Information for Minor Child #A**

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Enrolled Tribal Affiliation: \_\_\_\_\_

Current residence of the child: \_\_\_\_\_

Name of current caretaker(s) of child: \_\_\_\_\_

Petitioner(s) relationship to the child \_\_\_\_\_  
*(If related, please indicate whether paternal or maternal)*

**Natural Mother of Child # (A) Information**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Married Name: \_\_\_\_\_  
*As it appears on birth certificate*

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Enrolled Tribal Affiliation and/or Race: \_\_\_\_\_

*Natural Mother of Child # (A) Information Continued*

Current Residence: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Cell/Home No: \_\_\_\_\_

**Has natural mother consented to relinquish parental rights for the adoption?**

Yes. Please attach Consent.       No. Please explain why consent should be excused:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Natural Father of Child # (A) Information**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
*As it appears on birth certificate (Sr., Jr., III, etc.)*

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Enrolled Tribal Affiliation and/or Race: \_\_\_\_\_

Current Residence: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Cell/Home No: \_\_\_\_\_

**Has natural father consented to relinquish of parental rights for this adoption petition?**

Yes. Please attach Consent.       No. Please explain why consent should be excused:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are these both the natural parents for all minor children listed in the petition?**  Yes  No  
**If yes, you will only need to fill out the parental information once.**

**Information for Minor Child #B**

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Enrolled Tribal Affiliation: \_\_\_\_\_

Current residence of the child: \_\_\_\_\_

Name of current caretaker(s) of child: \_\_\_\_\_

Petitioner(s) relationship to the child \_\_\_\_\_  
*(If related, please indicate whether paternal or maternal)*

**Natural Mother of Child # (B) Information**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Married Name: \_\_\_\_\_  
*As it appears on birth certificate*

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Enrolled Tribal Affiliation and/or Race: \_\_\_\_\_

Current Residence: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Cell/Home No: \_\_\_\_\_

**Has natural mother consented to relinquish parental rights for the adoption?**

Yes. Please attach Consent.       No. Please explain why consent should be excused:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Natural Father of Child # (B) Information**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
*As it appears on birth certificate*      *(Sr., Jr., III, etc.)*

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Enrolled Tribal Affiliation and/or Race: \_\_\_\_\_

Current Residence: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Cell/Home No: \_\_\_\_\_

**Has natural father consented to relinquish of parental rights for this adoption petition?**

Yes. Please attach Consent.       No. Please explain why consent should be excused:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Information for Minor Child #C**

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Enrolled Tribal Affiliation: \_\_\_\_\_

Current residence of the child: \_\_\_\_\_

Information for Minor Child #C Continued

Name of current caretaker(s) of child: \_\_\_\_\_

Petitioner(s) relationship to the child \_\_\_\_\_  
(If related, please indicate whether paternal or maternal)

**Natural Mother of Child # (C) Information**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Married Name: \_\_\_\_\_  
*As it appears on birth certificate*

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Enrolled Tribal Affiliation and/or Race: \_\_\_\_\_

Address: \_\_\_\_\_ Cell/Home No: \_\_\_\_\_

**Has natural mother consented to relinquish parental rights for the adoption?**

Yes. Please attach Consent.  No. Please explain why consent should be excused:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Natural Father of Child # (C) Information**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
*As it appears on birth certificate (Sr., Jr., III, etc.)*

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Enrolled Tribal Affiliation and/or Race: \_\_\_\_\_

Address: \_\_\_\_\_ Cell/Home No: \_\_\_\_\_

**Has natural father consented to relinquish of parental rights for this adoption petition?**

Yes. Please attach Consent.  No. Please explain why consent should be excused:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. PROPERTY OF MINOR CHILD(REN)**

**Please list the value of any real or personal property the above minor children currently have interest in under the natural parent(s) and/or which the child(ren) are expected to become entitled to if the adoption is granted (Additional space on next page) .**

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**IV. PHYSICAL CARE OR CUSTODY OF THE MINOR CHILD(REN)**

**Please describe any facts related the physical care or custody of the child(ren), either past or present, which is relevant or important to support this petition for adoption:**

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**V. CULTURAL, TRADITIONAL, AND SPIRITUAL DEVELOPMENT OF THE MINOR CHILD(REN)**

**Please provide any statements on the ability of the proposed adoptive parent(s) to provide for the cultural, traditional, and/or spiritual development of the minor children:**

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**VI. NAME CHANGE OF MINOR CHILD(REN)**

**Petitioner(s) asks this court to change the names of the minor child(ren):**

**Minor Child #A       No Change in Name Being Requested.**

**From: \_\_\_\_\_ To: \_\_\_\_\_**

**Minor Child #B**     No Change in Name Being Requested.

From: \_\_\_\_\_ To: \_\_\_\_\_

**Minor Child #C**     No Change in Name Being Requested.

From: \_\_\_\_\_ To: \_\_\_\_\_

**THEREFORE**, based on the above information, the Petitioner(s) request the Court to do the following:

1. That the Court decree the above minor child(ren) as adopted by the proposed adopted parent(s)/petitioner(s) as his/her/their lawful and legal child(ren);
2. That the name(s) of the minor child(ren) be changed to 1) \_\_\_\_\_  
2) \_\_\_\_\_ 3) \_\_\_\_\_
3. That \_\_\_\_\_  
\_\_\_\_\_.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

X \_\_\_\_\_  
Petitioner

X \_\_\_\_\_  
Petitioner

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

SEAL

\_\_\_\_\_  
Court Clerk or Notary Public

# MONTANA CERTIFICATE OF ADOPTION

**PART I: THE INFORMATION IN THIS SECTION MUST BE GIVEN AS IT WAS BEFORE ADOPTION WITHOUT THIS DATA IT MAY BE IMPOSSIBLE TO FILE AN AMENDED CERTIFICATE OF BIRTH FOR THIS CHILD.**

<b>CHILD</b>	1A. Name of Child-First Name		1B. Middle Name	1C. Last Name
	2. Sex	3. Date of Birth	4A. Place of Birth - County	4B. City and State
<b>NATURAL MOTHER</b>	5A. Name of Mother-First Name		5B. Middle Name	5C. Maiden SURNAME (Last Name before marriage)
<b>NATURAL FATHER</b>	6A. Name of Father - First Name		6B. Middle Name	6C. Last Name

**PART II: INFORMATION AFTER ADOPTION: ADOPTING PARENTS MUST FURNISH THE FOLLOWING INFORMATION CONCERNING THEMSELVES AS IT WAS AT THE TIME OF THIS ADOPTION OF THE ABOVE NAMED CHILD. THIS INFORMATION IS USED IN PREPARATION OF THE AMENDED CERTIFICATE OF BIRTH.**

<b>NATURAL OR ADOPTIVE MOTHER</b>	7A. Name of Mother-First Name		7B. Middle Name	7C. Last Name-Maiden SURNAME (Last Name before marriage)	
	8. Date of Birth	9. Birthplace(State or Foreign Country)		10A. Complete Address & County (at time of this Adoption)	
<b>NATURAL OR ADOPTIVE FATHER</b>	11A. Name of Father-First Name		11B. Middle Name	11C. Last Name	
	12. Date of Birth	13. Birthplace(State or Foreign Country)		14. Contact Phone Number of Parent(s)	

Attorney Agency: \_\_\_\_\_ 16. Name of Attorney: \_\_\_\_\_ Phone Number: \_\_\_\_\_

17. Name and address of Attorney, Agency or Department which investigated or handled case: \_\_\_\_\_

**PART III: THE CLERK OF DISTRICT COURT SHOULD REQUIRE THAT AS MUCH OF THE INFORMATION AS IS AVAILABLE IN PARTS I AND II, ABOVE, BE FURNISHED BEFORE COMPLETING PART III AND FORWARDING THE CERTIFICATE TO THE OFFICE OF VITAL STATISTICS.**

<b>CLERK OF DISTRICT COURT</b>	18. I HEREBY CERTIFY THAT THE CHILD DESCRIBED ABOVE WAS ADOPTED BY THE ABOVE NAMED PARENT (S) ON _____ DAY OF _____ 20____	AS SET FORTH IN THE DECREE OF ADOPTION MADE ON THAT DATE IN CASE NO: _____
19. SIGNATURE AND SEAL OF CLERK OF DISTRICT COURT		
DATE SIGNED _____ CLERK IN AND FOR THE COUNTY OF _____		
THE NEW NAME AS SET FORTH IN THE DECREE OF ADOPTION		
FIRST NAME	MIDDLE NAME	LAST NAME



LISTED BELOW ARE INSTRUCTIONS FOR EACH SECTION OF THE MONTANA CERTIFICATE OF ADOPTION. IT IS RECOMMENDED THAT A RECENT CERTIFIED COPY OF THE ORIGINAL BIRTH CERTIFICATE BE USED IN THE COMPLETION OF AN ADOPTION CERTIFICATE. RECORDS AT BOTH THE COUNTY AND STATE LEVEL HAVE BEEN CROSS INDEXED IN THE EVENT THAT THE CERTIFICATE HOLDER IS DECEASED. A RECENT CERTIFIED COPY WOULD ALSO REFLECT ANY POSSIBLE CHANGES OR ADDITIONS TO THE BIRTH CERTIFICATE. COPIES CAN BE OBTAINED FROM THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES, OFFICE OF VITAL STATISTICS OR THE COUNTY CLERK & RECORDER'S OFFICE IN WHICH THE ADOPTEE WAS BORN.

PART I: THIS INFORMATION IS FROM THE ORIGINAL BIRTH CERTIFICATE. WE MUST HAVE THE CORRECT INFORMATION IN ORDER TO ACCURATELY LOCATE THE CHILD'S BIRTH CERTIFICATE.

PART II: THIS INFORMATION WILL BE PLACED ON THE SUBSTITUTE CERTIFICATE. PLEASE MAKE SURE ALL INFORMATION IS SPELLED CORRECTLY. ONCE THE SUBSTITUTE CERTIFICATE IS CREATED THE ONLY WAY A CORRECTION CAN BE MADE IS BY COMPLETION OF AN AFFIDAVIT FOR CORRECTION, AVAILABLE AT THE VITAL STATISTICS BUREAU, OR THROUGH A LOCAL CLERK & RECORDER'S OFFICE IN MONTANA. ONCE AN ADOPTION FILE HAS BEEN SEALED, IT CAN ONLY BE ACCESSED BY ORDER OF A COURT. \*\* THE ATTORNEY OR ADOPTING PARENT MAY SIGN IN PART 15, GIVING OUR OFFICE THE AUTHORIZATION TO RELEASE INFORMATION CONCERNING THE CHILD TO ONE OR BOTH OF THE PROGRAMS LISTED.

PART III: THIS IS FOR THE EXACT SPELLING OF THE CHILD'S NAME. PLEASE INCLUDE ANY HYPHENS. ONCE A SUBSTITUTE CERTIFICATE IS CREATED THE ADOPTEE'S SURNAME CAN ONLY BE CORRECTED BY ORDER OF A COURT.

**THE AGENCY OR ATTORNEY HANDLING THIS CASE SHOULD COMPLETE PARTS I AND II.**

THE COUNTY CLERK OF DISTRICT COURT MAY COMPLETE ANY ITEMS IN PART I OR PART II FROM THE INFORMATION FURNISHED FROM THE COURT RECORD.

THE FEE OF \$25.00 SHOULD ACCOMPANY THE CERTIFICATE OF ADOPTION. THE CERTIFICATE OF ADOPTION DOES NOT ELIMINATE THE NEED FOR A CERTIFIED COPY OF THE ADOPTION DECREE AS SPECIFIED UNDER M.C.A. 50-15-304. A CERTIFIED COPY OF THE DECREE MUST BE SUBMITTED, WITH THE CERTIFICATE OF ADOPTION, TO THE OFFICE OF VITAL STATISTICS BEFORE THE ADOPTION CAN BE FILED.