

**WITHDRAWAL OF CONSENT TO
[FOSTER CARE, ADOPTION, TERMINATION OF PARENTAL RIGHTS]
OF AN INDIAN CHILD**

In the Matter of the Petition of:

Petitioner

County of: _____ State of: _____

I, _____

Name of Parent

being the (choose one): Birth mother____ Biological Father____ Presumed Father____ Other Legal Parent____

Of _____ (Gender: F__ M__) born on _____

Name of Child

Child's Birth Date

In _____

Child's Place of Birth

withdraw my consent to the [foster care, adoption, termination of parental rights] of said child and understand that the child will be returned to me as soon as practicable.

Signature of Parent

Date

Address of Parent