

Little Traverse Bay Bands Of Odawa Indians Tribal Court	CONSENT TO ADOPTION BY AGENCY/COURT/COMMISSION	FILE NO.
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In the matter of _____ DOB: _____, adoptee
Full name of child

1. I, _____, on behalf of _____
*Name *Name of agency or court
voluntarily consent to the adoption of the above named child by _____
_____ as requested in a petition on file or to be filed in court.

2. I am a representative authorized to execute this consent.

Date

Signature

Title

Subscribed and sworn to before me on _____, in _____ County, Michigan.
Date

My commission expires: _____ Signature: _____
Date Notary Public

*Name of consenting party who must be one of the following:

1. A representative authorized to consent on behalf of the Michigan Family Independence Agency or of a child placing agency to whom the child has been permanently committed by an order of the family division of the circuit court.
2. The family division of the circuit court having permanent custody of the child.
3. A representative authorized to consent on behalf of the Michigan family Independence Agency or of a child placing agency to whom the child has been released.
4. A representative authorized to consent on behalf of a child placing agency of another state or county which has authority to consent to the adoption.
5. An individual or official authorized by tribal law or order of the tribal court to give consent.