

**DESIGNATION OF INDIAN CUSTODIAN  
(25 U.S.C. 1901 et seq.)**

I, \_\_\_\_\_, am the parent of

**(Name of Parent)**

\_\_\_\_\_,

**(Names of Children)**

\_\_\_\_\_ ,

**(Dates of Birth)**

who is/are a member of, or eligible for membership in, the following federally-recognized Indian tribe: \_\_\_\_\_ .

**(Name of Tribe)**

I hereby transfer the care and custody of my child(ren) to \_\_\_\_\_  
**(Name of Indian Custodian)**

\_\_\_\_\_, and, pursuant to the Indian Child Welfare Act, 25 U.S.C. 1901 et seq. ("ICWA"), designate him/her as my child(ren)'s Indian custodian.

I understand that the designated Indian custodian is an Indian person and that, based upon the Indian community standards of my child(ren)'s tribe and other applicable standards, he/she has the ability to provide my child(ren) with the physical and emotional care necessary for my child(ren)'s proper upbringing.

I do hereby authorize the designated Indian custodian to consent to any medical treatment and hospital care of my child(ren) which is deemed advisable. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but it is given to provide authority and power on the part of the designated Indian custodian to give specific consent to medical care and treatment.

This placement is revocable pursuant to the terms of the ICWA. By making this placement, I do not waive my rights under the ICWA to notice in any future state court proceeding involving the custody of my child(ren).

\_\_\_\_\_  
**(Signature of Parent)**

\_\_\_\_\_  
**(Date)**

I accept this designation as the Indian custodian of the child(ren) named above.

\_\_\_\_\_  
**(Signature of Indian Custodian)**

\_\_\_\_\_  
**(Date)**