

_____ COUNTY

**RELINQUISHMENT OF MINOR FOR ADOPTION BY PARENT
OR GUARDIAN OR GUARDIAN AD LITEM OF THE MOTHER/FATHER**

I, _____, being duly sworn, declare:

1. That I was born on the _____ day of _____, _____, and have a permanent address at _____;

I do not have a permanent address, but do have a mailing address at _____.

2. That I am of sound mind and in full possession of my mental faculties;

3. That I am the _____
(Mother) (Father) (Guardian)(Guardian ad litem of the Mother/Father pursuant to G.S. 48-3-602)

of _____, a _____ child,
(Original Name of Child – If known) (Sex – If known)

born on the _____ day of _____, _____, [or expected to be born
approximately _____ to _____] in

(City or Town) (County) (State)

4. That I hereby relinquish all rights to said child and surrender said child to _____
[Director of Social Services in _____ County] or [Director of _____,
a licensed child-placing agency], whose address is _____;
such release being a voluntary act on my part and without any demand on the part of the director of [social services]
[licensed child-placing agency];

5. That I voluntarily consent to the permanent transfer of legal and physical custody of said child to the agency for the purposes of adoption:

- A. with a prospective adoptive parent selected by the agency; or
- B. with a prospective adoptive parent selected by the agency and agreed upon by me, designated as:

6. That this Relinquishment shall be valid and binding and shall not be affected by any oral or separate written agreement between the agency and me;

7. That I understand that when the adoption is final, all of my rights and duties with respect to the minor will be extinguished and all other aspects of my legal relationship with the minor child will be terminated;

8. That I have not received or been promised any money or anything of value for the relinquishment of the minor except for lawful payments that are itemized on a schedule attached to this Relinquishment;

9. That I hereby waive notice of any proceeding for adoption;

10. That I have provided the agency with necessary background information or have signed releases that will permit the agency to compile the information required by G.S. 48-3-205;

11. That I have read or had read to me and understood this Relinquishment, been advised that counseling services are available through the agency to which the Relinquishment is given, and have been advised of the right to employ independent legal counsel;

12. That I understand that my Relinquishment to Adoption of the minor may be revoked within 7 days following the day on which it is executed, inclusive of weekends and holidays. If the final day of the period falls on a weekend or a North Carolina or federal holiday, then the revocation period extends to the next business day.

That I understand this is my:

second Relinquishment for placement with the same adoptive parent selected by the agency and agreed upon by me and is thereby irrevocable; or

second Relinquishment for placement by the agency with any adoptive parent selected by the agency and is thereby irrevocable.

13. That I further understand that **if** my Relinquishment is for the placement of my child with a prospective adoptive parent selected by the agency and agreed upon by me as designated in Paragraph 5 B. above, **and** the adoption of my child by that prospective adoptive parent will not be completed, I agree that pursuant to N.C.G.S. 48-3-704:

That I **will receive notice** by the agency at my address listed above, that the adoption will not be completed and my revocation period will be 10 days, inclusive of weekends and holidays, from the date of receipt of notice by the agency that the adoption will not be completed. The address above will only be used if the the agency cannot locate me after the exercise of due diligence. If I do not revoke my relinquishment within this 10 day period in writing and delivered in the manner provided by G.S. 48-3-706, my relinquishment will be deemed a general relinquishment, and the agency may place the child with a prospective adoptive parent selected by the agency.

OR

That I **do not wish to receive notice** by the agency that the adoption will not be completed and in the event of such an uncompleted adoption, I hereby consent to the adoption of my child with any prospective adoptive parent selected by the agency.

14. That I understand that to revoke my Relinquishment for Adoption, as provided in G.S. 48-3-706, the revocation must be made by giving written notice to the agency to which the Relinquishment was given. Notice may be given by personal delivery, overnight delivery service, or registered or certified mail, return receipt requested. If notice is given by mail, notice is deemed complete when it is deposited in the United States mail, postage prepaid, addressed to the agency at the agency's address as given in the Relinquishment. If notice is given by overnight delivery service, notice is deemed complete on the date it is deposited with the service as shown by the receipt from the service, with delivery charges paid by the sender, addressed to the agency at the agency's address as given in the Relinquishment. Forms to revoke my Relinquishment may be obtained from the Clerk of Superior Court in any county in North Carolina.

15. That I understand unless revoked in accordance with G.S. 48-3-706 or G.S. 48-3-704 above, my Relinquishment is final and irrevocable except under the circumstances set forth in G.S. 48-3-707.

Signature of [Mother] [Father] [Guardian]
[Guardian ad Litem of the Mother/Father]

Address

STATE OF NORTH CAROLINA

_____ COUNTY

I, _____, do hereby certify
(Name of official)

that _____ personally appeared before me this day
Name of [Mother] [Father] [Guardian] [Guardian ad Litem of the Mother/Father]

and acknowledged the due execution of the foregoing document and that this document has been sworn to (or affirmed) and subscribed before me. I further certify to the best of my knowledge and belief that the parent or guardian executing the Relinquishment: read, or had read to him or her, and understood the Relinquishment; signed the Relinquishment voluntarily; received an original or copy of his or her fully executed Relinquishment; and was advised that counseling services are available through agency to whom Relinquishment is given.

I certify that I, the undersigned, am a Notary Public or one otherwise empowered to administer oaths or take acknowledgments.

Witness my hand and seal this the _____ day of _____,
at _____
(Place of Relinquishment)

(S E A L)

Signature _____
Title _____

My commission expires _____

NOTE:

Three DSS-1804 forms are signed. The **original** of this form is attached to the Consent to Adoption by Agency (DSS-1801) and sent with the Petition for Adoption to the Division of Social Services, State Department of Health and Human Services, by the Clerk of Superior Court. One copy of Form DSS-1804 is retained in the record of the county department of social services or licensed private child-placing agency. **One copy is given to the parent or guardian or guardian ad litem of the Mother/Father relinquishing the child. An adoptive parent is considered the parent.**

STATE OF NORTH CAROLINA

_____ COUNTY

ACCEPTANCE OF RELINQUISHMENT OF MINOR FOR ADOPTION

BY PARENT OR GUARDIAN OR GUARDIAN AD LITEM OF THE MOTHER/FATHER

WHEREAS, it appears to the undersigned, upon diligent inquiry and investigation:

That the child, _____, was born on the _____ day of _____, _____, [or expected to be born approximately _____]

to _____ and _____
(Full name of birth parent 1) (Full name of birth parent 2)

in _____ County, State of _____; that the [mother] [father] [guardian]

[guardian ad litem of the mother/father] has a permanent address or mailing address at

_____.

WHEREAS, a Relinquishment for Adoption of the child to the undersigned was executed on the _____ day of

_____, _____, at _____.

NOW, THEREFORE, the undersigned hereby accepts the Relinquishment of Minor for Adoption by the:

Mother Father Guardian of said child Guardian ad Litem of the Mother/Father pursuant to G.S. 48-3-602

This the _____ day of _____, _____.

_____ of _____ County
Signature of Director of Social Services or Authorized Representative

_____ by _____
Signature of Licensed child-placing agency Title

Address

Note:

G.S. 48-3-702 requires an agency that accepts a Relinquishment to furnish each parent or guardian or guardian ad litem of the mother/father who signs a Relinquishment a letter or other writing indicating the agency's willingness to accept the Relinquishment. This Acceptance form fulfills this requirement. In the event this form cannot be signed and provided to the parent or guardian at the time the Relinquishment is signed, another writing to the same effect must be signed and provided.