

**RELINQUISHMENT
In or Out-of-County
(Alleged Natural Father in California)**

Complete this section before sending this form to an out-of-county agency that has been requested to take the annexed relinquishment.

On this _____ day of _____, 20 _____,
the _____

NAME OF AGENCY

hereby signifies its willingness to accept the annexed relinquishment and to accept said minor child for adoption.

By _____

AUTHORIZED AGENCY OFFICIAL

I, _____, having been alleged to be the father of _____,
a minor _____ child born on _____ in _____ do hereby relinquish
the said child for adoption to _____

NAME OF ALLEGED NATURAL FATHER

NAME OF CHILD

GENDER

DATE

CITY

STATE

NAME OF AGENCY

()

AGENCY ADDRESS

TELEPHONE NUMBER

an organization licensed by the California Department of Social Services or authorized by Welfare and Institutions Code Section 16130 to find homes for children and to place children in homes for adoption.

- I am not naming the prospective adoptive parent(s) for my child.
- I am naming the following person(s) as the prospective adoptive parent(s): _____

FULL NAME(S) OF PROSPECTIVE ADOPTIVE PARENTS

If my child is not placed in the home of the named person(s) or my child is removed from the home before the adoption is completed, the agency will notify me. I will have 30 days from the date of the notice to rescind the relinquishment, take no action or select another placement for my child. If I do not rescind the relinquishment within the 30-day period, the agency may place the child in a home that the agency selects.

I fully understand that when this relinquishment is filed with and acknowledged by the California Department of Social Services, all my rights to the custody, services and earnings of the child and any responsibility for the care and support of the child will be terminated.

DATE

SIGNATURE OF ALLEGED NATURAL FATHER

The foregoing relinquishment was signed on _____ by _____
in the presence of: _____

DATE

NAME OF ALLEGED NATURAL FATHER

NAME OF WITNESS

SIGNATURE OF WITNESS

NAME OF WITNESS

SIGNATURE OF WITNESS

STATE OF CALIFORNIA

COUNTY OF _____ } ss.

On this _____ day of _____, 20 _____, before me, _____, an
authorized official of the _____ an organization

NAME OF AUTHORIZED AGENCY OFFICIAL

NAME OF AGENCY

licensed by the California Department of Social Services or authorized by Welfare and Institutions Code Section 16130 to find homes for children and to place children in homes for adoption, personally appeared _____

NAME OF ALLEGED NATURAL FATHER

known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same.

I certify under PENALTY OF PERJURY under the laws of the State of California the foregoing paragraph is true and correct.

TITLE

SIGNATURE OF AUTHORIZED OFFICIAL