

RELINQUISHMENT OF AN INDIAN CHILD
In or Out-of-County
(Birth Mother/Biological Father/Presumed Father in California)

NAME OF TRIBE:	ROLL NUMBER OR OTHER EVIDENCE OF TRIBAL AFFILIATION:
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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, _____ the mother/father of _____, a minor _____ child,
NAME OF PARENT NAME OF CHILD GENDER
 born on _____ in _____ do hereby relinquish and surrender the child for adoption to
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 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, and the relinquishment will be binding with the signing of the decree of adoption unless I withdraw said relinquishment before the decree of adoption is signed.

DATE

SIGNATURE OF PARENT

The foregoing relinquishment was signed on _____ by _____ in the
DATE NAME OF PARENT
 presence of:

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
NAME OF AUTHORIZED AGENCY OFFICIAL
 official of the _____ an organization licensed by the California
NAME OF AGENCY

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 _____ known to me
NAME OF PARENT

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

TITLE

SIGNATURE OF AUTHORIZED AGENCY OFFICIAL

CERTIFICATION

The terms and consequences of the voluntary signing of the relinquishment, including the right to withdraw the relinquishment prior to the signing of the decree of adoption were fully explained in detail to and understood by the parent of this Indian child. The explanation was given by the agency representative whose signature is affixed above, in my presence, and in a language understood by the parent.

SIGNATURE OF JUDGE:	SUPERIOR COURT:	DATE:
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