

SUPPORTING INFORMATION FOR ISSUANCE OF CALIFORNIA DEPARTMENT OF SOCIAL SERVICES ACKNOWLEDGEMENT AND CONFIRMATION OF RECEIPT OF CHILD FREEING DOCUMENTS

Instructions: Prepare in duplicate; keep copy; send original to California Department of Social Services. If additional space is necessary, use reverse side.

AGENCY

I. CHILD - NAME (Include all AKAs)

LAST:	FIRST:	MIDDLE:	BIRTHDATE: (MONTH/DAY/YEAR)	GENDER:	BIRTHPLACE: (CITY/STATE)	VERIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO
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AKAs:

II. PARENT(S) - NAMES (Include all AKAs)

MOTHER			BIOLOGICAL FATHER		
LAST:	FIRST:	MIDDLE:	LAST:	FIRST:	MIDDLE:
BIRTHDATE: (MONTH/DAY/YEAR)			BIRTHDATE: (MONTH/DAY/YEAR)		
AKA:		AKA:	AKA:		AKA:
MOTHER DECEASED: <input type="checkbox"/> YES <input type="checkbox"/> NO		VERIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO	BIOLOGICAL FATHER DECEASED: <input type="checkbox"/> YES <input type="checkbox"/> NO		VERIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE OF DEATH: (MONTH/DAY/YEAR)			DATE OF DEATH: (MONTH/DAY/YEAR)		

PRESUMED FATHER			ALLEGED NATURAL FATHER		
LAST:	FIRST:	MIDDLE:	LAST:	FIRST:	MIDDLE:
BIRTHDATE: (MONTH/DAY/YEAR)			BIRTHDATE: (MONTH/DAY/YEAR)		
AKA:		AKA:	AKA:		AKA:
FATHER DECEASED: <input type="checkbox"/> YES <input type="checkbox"/> NO		VERIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO	ALLEGED NATURAL FATHER DECEASED: <input type="checkbox"/> YES <input type="checkbox"/> NO		VERIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE OF DEATH: (MONTH/DAY/YEAR)			DATE OF DEATH: (MONTH/DAY/YEAR)		

III. MARITAL HISTORY OF MOTHER		<input type="checkbox"/> MOTHER NEVER MARRIED:		Terminations - Month, Day, Year			
Name of Spouse(s) Continue on Reverse Side if Necessary	Marriage Mo. Day Yr.	Verified Yes	No	Final Dissolution	Annulment	Death-Husband	Verified Yes No

IV. CHECK IF APPLICABLE:

- Mother is cohabiting with her husband who is not impotent or sterile and who is conclusively presumed to be this child's father pursuant to Family Code Section 7540. Therefore, no action was taken on any alleged natural father.
- Father is rebuttably presumed to be this child's natural father because he meets the conditions of Family Code Section 7611(a), (b), (c), (d) or (e).
- Father is rebuttably presumed to be this child's father because he meets the conditions of Family Code Sections 7573 and 7574 by the completion and filing of a voluntary declaration of paternity on or after January 1, 1997, and is identified on the child's birth certificate.
- Father is conclusively presumed to be this child's father because he meets the conditions of Family Code Section 7576 by the completion of a voluntary declaration of paternity on or before December 31, 1996, and is identified on the child's birth certificate.
- Man is alleged to be this child's natural father.

APPROVED BY:	SIGNATURE AND TITLE:	DATE:
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V. Check applicable box for parent relinquishing, waiving notice or denying paternity:

A. Parent competent to sign.	<input type="checkbox"/> Mother	Biological Father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving	Presumed Father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving	Alleged Natural Father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving <input type="checkbox"/> denying
B. Parent is under psychiatric care. (In-patient or out-patient)	<input type="checkbox"/> Mother	Biological Father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving	Presumed Father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving	Alleged Natural Father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving <input type="checkbox"/> denying
Treating or supervising physician's statement attached. Show date of examination on which statement is based.	<input type="checkbox"/> Mother	Biological Father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving	Presumed Father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving	Alleged Natural Father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving <input type="checkbox"/> denying
	_____ Date	_____ Date	_____ Date	_____ Date

C. Parent is discharged from hospital or psychiatric care. Show date of verification of discharge or termination.	<input type="checkbox"/> Mother	Biological Father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving	Presumed Father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving	Alleged Natural Father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving <input type="checkbox"/> denying
	_____ Date	_____ Date	_____ Date	_____ Date

VI. Does child have American Indian ancestry? Yes No If Yes, fill in A, B, C below, as applicable.

A. Bureau of Indian Affairs (BIA) or tribes determined child is is not subject to provisions of Indian Child Welfare Act (ICWA).

B. Reply to ICWA - 030, from BIA or tribes received on _____ (attach copy)
Date

OR

C. Previous communication from BIA received _____ (attach copy)
Date
