



Surrender of Rights Final Release for Adoption (Legal Parent)

Instructions

The Surrender of Rights Final Release for Adoption (Legal Parent) is completed and signed by the legal parent who is voluntarily surrendering his/her child for adoption to the Department of Human Services (DHS) Division Family of Family and Children Services (DFCS).

The Surrender of Rights Final Release for Adoption (Legal Parent) must be completed for each child surrendered. The Surrender of Rights Final Release for Adoption (Legal Parent) must be typed, and each section completed. The child's name and birth date must be exactly the same as they appear on the birth certificate. Three copies of the completed The Surrender of Rights Final Release for Adoption (Legal Parent) must be printed. Any corrections must be initialed by all parties.

Each of the three The Surrender of Rights Final Release for Adoption (Legal Parent) forms must contain original signatures and notary seals. The legal parent must sign each Surrender of Rights Final Release for Adoption (Legal Parent). The notary may not be the case manager who has worked with the family. The unofficial witness must not be the person who signs the Affidavit of Department Representative.

One Surrender of Rights Final Release for Adoption (Legal Parent) is provided to the mother, the second is for the case record, and the third must be attached to the original copy of the Child Life History.



Surrender of Rights Final Release for Adoption (Legal Parent)

NOTICE TO PARENT OR GUARDIAN: This is an important legal document and by signing it, you are surrendering all of your rights to the child identified in this document, so as to place the child for adoption. Understand that you are signing this document under oath and that if you knowingly and willfully make a false statement in this document you will be guilty of the crime of false swearing. As explained below in paragraph 5, you have the right to revoke this surrender within four days from the date you sign it.

STATE OF GEORGIA, COUNTY OF _____

Personally appeared before me, the undersigned officer duly authorized to administer oaths, _____

NAME OF PARENT OR GUARDIAN

who, after having been sworn, deposes and says as follows:

1. I, the undersigned, being mindful that my (male) (female) child, born _____,
NAME OF CHILD
on _____ At _____ : _____ (A.M.)(P.M.) should receive the
DATE OF BIRTH
benefits and advantages of a good home, to the end that (she) (he) may be fitted for the requirements of life, consent to this surrender of my parental rights.
2. I, the undersigned, _____ of the aforesaid child do hereby
RELATIONSHIP TO CHILD
surrender my rights to the child to the Georgia Department of Human Services and promise not to interfere in the management of the child in any respect whatever; and, in consideration of the benefits guaranteed by the Georgia Department of Human Services in providing for the child, I do relinquish all rights to the child named in this document, it being my wish, intent, and purpose to relinquish absolutely all parental control over the child. Furthermore, I hereby agree that the Georgia Department of Human Services may seek for the child a legal adoption by such individual or individuals as may be chosen by the Georgia Department of Human Services or its authorized agents, without further notice to me. I do, furthermore, expressly waive any other notice or service in any of the legal proceedings for the adoption of the child.
3. I understand that under Georgia law an agent appointed by the court is required to conduct an investigation and render a report to the court in connection with the legal proceeding for the legal adoption of the child and I hereby agree to cooperate fully with such agent in the conduct of its investigation.
4. I understand that I will receive a copy of this document after the witness and I have signed it and it has been notarized.



5. I understand that under Georgia law I have the unconditional right to a four-day revocation period. I understand I may only revoke this surrender by giving written notice, delivered in person or mailed by registered mail, or statutory overnight delivery, to: _____ County Department of Family & Children Services

_____, GA _____

within four days from the date of signing this document. I understand that certified mail cannot be used for mail delivery of the notice to revoke this surrender. I understand that the four days will be counted consecutively beginning with the day immediately following the date I sign this document; provided, however, that if the fourth day falls on a Saturday, Sunday, or legal holiday then the last day on which this surrender may be revoked will be the next day that is not a Saturday, Sunday or legal holiday. I understand that, if I deliver the notice to revoke this surrender in person, it must be delivered to:

Attention: County Director

_____ County Department of Family & Children Services

_____, GA _____

not later than 5:00 P.M. eastern standard time or eastern daylight time, whichever is applicable on the fourth day; provided, however, that if I mail the notice by registered mail or have it delivered by statutory overnight delivery, I must address it to the address shown in the surrender document and submit it to the United States Postal Service or to the statutory overnight delivery carrier not later than 12:00 Midnight eastern standard time or eastern daylight time, whichever is applicable, on the fourth day. I understand that I CANNOT revoke this surrender after that time.

6. I understand that if I am not a resident of this state that I am agreeing to be subject to the jurisdiction of the court of Georgia for any action filed in connection with the adoption of the child. I agree to be bound by a decree of adoption rendered as a result of this surrender of my parental rights.

7. Furthermore, I hereby certify that I have not been subjected to any duress or undue pressure in the execution of this document and I am signing it freely and voluntarily.

This _____ day of _____, _____.

DATE MONTH YEAR

LEGAL PARENT

ADULT WITNESS

Sworn to and subscribed before me this _____ day of _____, _____.

DATE MONTH YEAR

Signature of Notary Public

My commission expires _____

SEAL