

RELINQUISHMENT OF INDIAN CHILD
In or Out-of-County
(Presumed Father Denies He is the Birth Father in California)

NAME OF TRIBE	ROLL NUMBER OR OTHER EVIDENCE OF TRIBAL AFFILIATION
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Complete upper 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, _____, being presumed by law to be the father of _____

(NAME OF PRESUMED FATHER)

(NAME OF CHILD)

a minor _____ child, born on _____ in _____ declare I

(GENDER)

(DATE)

(CITY)

(STATE)

am not the birth father and do hereby relinquish and surrender the child for adoption to _____

(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 or 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. I declare that I am not the birth father of the child and am executing this relinquishment to adoption solely for the purpose of promoting the welfare of the child by facilitating the child's placement for adoption.

(DATE)

(SIGNATURE OF PRESUMED FATHER)

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

(DATE)

(NAME OF PRESUMED 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, _____,

(NAME OF AUTHORIZED AGENCY OFFICIAL)

an authorized official of the _____ an

(NAME OF AGENCY)

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, personally appeared _____

(NAME OF PARENT)

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.

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 who signature is affixed above, in my presence, and in a language understood by the parent.

SIGNATURE OF JUDGE

SUPERIOR COURT

DATE