

# Affidavit of Voluntary Relinquishment of Parental Rights

STATE OF: \_\_\_\_\_ COUNTY OF: \_\_\_\_\_ COUNTRY: USA

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_ (name of person filing to terminate parental rights), a person known to me, who, upon his oath, deposed and stated as follows:

1. "My name is \_\_\_\_\_ (name of person filing to terminate parental rights), I am over the age of 21. I have personal knowledge of the statements made herein and am otherwise competent to make this affidavit."

2. I reside at (full address including street, city, state, zip)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am \_\_\_\_\_ years of age and was born on \_\_\_\_\_ (full birth date).

3. \_\_\_\_\_ is the name of the child. Her/His (circle one) present address is:

\_\_\_\_\_ (Street, City, State, zip).  
\_\_\_\_\_ (full name) was born on  
\_\_\_\_\_ (month/day/year) and is currently  
\_\_\_\_\_ years old.

4. \_\_\_\_\_ (full name) is the mother and legal guardian of: \_\_\_\_\_ (child's full name) .



8. \_\_\_\_\_(full name)is biological mother and current legal guardian of \_\_\_\_\_(child's full name) and resides at \_\_\_\_\_(full address: street, city, state, zip).

9. I have been informed of parental rights and duties and herein acknowledge both the nature and extent of these rights and duties and my relinquishment of said rights and duties.

10. I am aware that my relinquishment of parental rights with respect to \_\_\_\_\_(child's full name) is irrevocable (beyond the period of 11 days set forth in paragraph #11).

11. I acknowledge my right, which is evidenced by my execution of this Affidavit, to revoke this relinquishment if done so before the 11th day after the date of this Affidavit.

12. Should I choose to revoke this relinquishment, I understand that my revocation is to be communicated to \_\_\_\_\_(mother) at \_\_\_\_\_(mother's full address), with telephone number (\_\_\_\_\_) \_\_\_\_\_.

I understand that, to revoke this relinquishment, I must sign a statement witnessed by two (2) credible persons and verified before a person authorized to take oaths. I understand that this statement must be delivered to \_\_\_\_\_(mother) at the above address and that a copy shall also be filed with the Clerk of the Court in which the suit for termination of the parent-child relationship has been filed, if applicable.

13. My signature below additionally evidences that a copy of this Affidavit has been provided to me at the time of my signature and execution.

FURTHER AFFIANT SAYETH NOT.

Affiant

SWORN TO and subscribed before me on this day of \_\_\_\_\_ 20\_\_\_\_.

Notary Public in and for the State of \_\_\_\_\_. My Commission Expires:\_\_\_\_\_

Signature of Notary\_\_\_\_\_

\_\_\_\_\_SIGNATURE OF WITNESS

\_\_\_\_\_Witness Name Printed