

**RELINQUISHMENT OF MINOR CHILD TO AGENCY
NOTICE TO PARENT OR PERSON *IN LOCO PARENTIS*:**

This is an important legal document and by signing it you are permanently giving up all custody and other parental rights to the child named herein. You are to receive a copy of this document.

I, _____ (mother, father, person *in loco parentis*) of _____,
Name Name
a minor child, states:

1. The child was born on _____ at _____ in _____
Date of Birth Birth Hospital City and State
at _____.
Time
2. I reside at _____, County of _____ and
Street Address County Name
State of _____.
State Name
3. I am _____ years of age and was born on _____.
Age Date of Birth
4. Neither the child nor I am a member of nor eligible for membership in an Indian tribe recognized by federal law nor an Alaskan Native recognized by federal law.
5. I do hereby relinquish the child to the Secretary of the Department for Children and Families, and I understand will have full power and all the rights of a birth parent or legal guardian over the child, including the power to place the child for adoption and give consent thereto.
6. I wish to and understand that by signing this relinquishment I do permanently give up all custody and other parental rights I have to such child.
7. I freely and voluntarily enter my appearance in any proceeding instituted in any court of competent jurisdiction for the adoption of the child. I waive notice of the time, date and location of the final hearing.
8. I have read and understand the above and I am signing it as my free and voluntary act.

Dated: _____, at _____.
Date Time

Signature of Parent

CERTIFICATE OF ATTORNEY

I am a licensed attorney representing the parent named above and have explained to that parent that by signing this relinquishment that parent is permanently giving up all parental rights to the child and that parent has state that intention and desire.

Dated: _____

Signature of Attorney: _____
S.Ct# _____

CERTIFICATE OF ATTORNEY FOR RELINQUISHING MINOR PARENT

I am a licensed attorney representing the parent named above, who is a minor. I have fully explained that by signing this relinquishment that parent is permanently giving up all parental rights to the child and that parent has state that intention and desire. I was present at the execution of this relinquishment.

Dated: _____

Signature of Attorney: _____
S.Ct# _____

ACKNOWLEDGMENT BEFORE JUDGE OF DISTRICT COURT

STATE OF KANSAS

) ss:

COUNTY OF _____)

I, _____, Judge of _____ hereby certify that _____, known to me to be the same person whose name is subscribed to the foregoing relinquishment, appeared before me this day in person and acknowledged that (she)(he) signed such relinquishment as (her)(his) free and voluntary act, for the specified purpose.

I have fully explained that by signing such relinquishment (she)(he) is permanently giving up all parental rights to such child and (she)(he) has stated that (she)(he) understood the consequence and that permanent relinquishment of parental rights is (her)(his) intention and desire.

Dated _____ at _____ .m.

Judge of the District Court

ACKNOWLEDGMENT BEFORE NOTARY PUBLIC

STATE OF KANSAS

) ss:

COUNTY OF _____)

I, a notarial officer in and for the county and state aforesaid, certify that _____ (name of parent), known to me to be the same person whose name is subscribed to the foregoing relinquishment, appeared before me in person and acknowledged that (she)(he) signed such relinquishment as (her)(his) free and voluntary act, for the specified purpose.

Dated _____ at _____ .m.

Notary

(SEAL, if any) _____

My Commission Expires: _____

ACCEPTANCE OF CHILD BY AGENCY

I, _____, the undersigned, on behalf of the Secretary of the Department for Children and Families, do hereby accept custody of _____ and accept and approve the above relinquishment of said minor child.

Date _____

