

**VOLUNTARY RELEASE FOR ADOPTION OF A
SURRENDERED NEWBORN BY PARENT**

Michigan Department of Health and Human Services

In the matter of _____, a newborn child.

1. I, _____, DOB ____ / ____ / ____ am the mother father of the above child, who was born on ____ / ____ / ____ at _____ (place).
2. I affirm that I have parental rights to this child and that by signing this release, I voluntarily release all of my parental rights to my child. (Subject to number three below.)
3. I understand that I have 28 days after surrendering my newborn child to petition the court to reclaim custody of my child.
4. I understand that I will not receive notice of any hearings.
5. Understanding the above provisions, I release my child to a child placing agency for the purpose of adoption.
6. I acknowledge receipt of the following: Fact Sheet (DHS-Pub-867)

Date ____ / ____ / ____ Parent Signature _____

Address _____

City _____ State ____ Zip _____

Witnessed by _____

Name (type or print)

on ____ / ____ / ____ , at _____

Date

Agency and Address

Signature

IF A NOTARY IS AVAILABLE: Notary Public

Subscribed and sworn to before me on _____,

Date

County and State

My commission expires: _____ Signature: _____

Date

Name (type or print)

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