

# REVOCATION OF RELINQUISHMENT

(FOR AGENCY USE WHEN RELINQUISHMENT HAS NOT BEEN FILED WITH CDSS)

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TO AGENCY: (Agency Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone Number)

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TO PARENT: Revocation of your relinquishment must be in writing. Complete this revocation form and return it to the agency within 14 days after you receive it, or by (Date)

\_\_\_\_\_.

If this form is not returned by the above date, your intent to revoke your relinquishment is canceled, your signed relinquishment is still in effect, and the agency will continue with adoptive planning for your child.

I, (Name of Parent) \_\_\_\_\_,

mother/father of (Name of Child) \_\_\_\_\_,  
a minor, relinquished him/her to the above-named agency to be placed for adoption with adoptive parents selected by the agency. I now desire to revoke said relinquishment. I do hereby revoke the relinquishment heretofore executed.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_