NOTICE OF FORM CHANGE NO. 14-080			DATE	
			10/10/2014	
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			ns Management Unit	
Listed below is information re	garding a form change.	Only applicable information	is shown.	
This notice updates your Cal	lifornia Department of Sc	ocial Services (CDSS) Coun	ty Forms Catalog (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	,	(14) - Relinquishment In o	• •	
ORDER UNIT	Mother/Biological F	Cather/Presumed Father in	California) Armed Forces)	
MASTER ONLY	⊠ Free ☐ Sold		☐ Yes ☒ No	
☐ New ☐ Revised	DATE OF FORM 6/14	REPLACES 4/13	☐ Obsolete	
REQUIRED FORM-	REQUIRED FORM-	_	_	
No Change Permitted ☐	Substitute Permitted \	With Prior DSS Approval	Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTHER:		
Department of Social Services Warehouse P.O. Box 980788		INTERNET:		
West Sacramento, CA 95798-0788		☐ INTRANET:		
	FORMS DISPOSIT	TION AND SPECIAL INSTR	UCTIONS	
DISPOSITION OF OLD SUPPLY Use until exhausted		□ Destroy		
USE NEW FORM ☐ When supply available in DSS Warehouse ☐ Use new form		se new form effective	6/14	
USE FORM IN ACCORDANCE WITH				
☐ All County Letter No.				
Other (specify)	strict Offices, County We	elfare and Private Adoption A	Agencies	
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE			

http://www.cdss.ca.gov/cdssweb/entres/forms/English/AD501.PDF

Camera-ready copies are currently available on the CDSS Internet. Go to http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

Form information on forms not listed in the catalog, you may contact FMU at fmudss@dss.ca.gov.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.