

**NOTICE OF FORM CHANGE NO. 03-142**

DATE

09/19/2003

**TO:**  
County Welfare Director  
Supply Clerk / Forms Coordinator

**FROM:**  
Forms Management Unit  
(916) 657-1907

Community Care Licensing District Offices  
 Private and Public Adoption Agencies

District Attorney  
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE AD 862 (9/03) - Relinquishment of an Indian Child - Out-of-State  
(Alleged Natural Father)

ORDER UNIT <b>MASTER ONLY</b>	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 9/03	REPLACES 1/00	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: <b>Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788</b>		<input type="checkbox"/> Other:	

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY

Use until exhausted  Destroy

USE NEW FORM

When supply available in DSS Warehouse  Use new form effective 9/03

USE FORM IN ACCORDANCE WITH

All County Letter No.  
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Print 8 1/2 x 11, 1-sided

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov)

For camera-ready copies of English form, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov).

RELINQUISHMENT OF AN INDIAN CHILD
Out-of-State
(Alleged Natural Father)

NAME OF CHILD'S TRIBE
ROLL NUMBER OR OTHER EVIDENCE OF TRIBAL AFFILIATION

Complete upper section before sending this form to an out-of-state agency that has been requested to take the annexed relinquishment.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

the \_\_\_\_\_
NAME OF AGENCY

hereby signifies its willingness to accept the annexed relinquishment and to accept said minor child for adoption.

Pursuant to California Family Code Section 8700(c), a licensed California adoption agency may not accept a relinquishment from a parent not residing in California unless the child is already in the care of the licensed California adoption agency.

By \_\_\_\_\_
AUTHORIZED AGENCY OFFICIAL

I, \_\_\_\_\_, having been alleged to be the father of \_\_\_\_\_,
NAME OF ALLEGED NATURAL FATHER NAME OF CHILD
a minor \_\_\_\_\_ child, born on \_\_\_\_\_ in \_\_\_\_\_, do hereby relinquish the child
GENDER DATE CITY, STATE
for adoption to \_\_\_\_\_
NAME OF AGENCY

AGENCY ADDRESS

( )
TELEPHONE NUMBER

an organization licensed by the California Department of Social Services or authorized by Welfare and Institutions Code Section 16130 to find homes for children and to place children in homes for adoption.

I fully understand that when this relinquishment is filed with and acknowledged by the California Department of Social Services, all my rights to the custody, services and earnings of the child and any responsibility for the care and support of the child will be terminated, and the relinquishment will be binding with the signing of the decree of adoption unless I withdraw said relinquishment before the decree of adoption is signed.

DATE

SIGNATURE OF ALLEGED NATURAL FATHER

STATE OF \_\_\_\_\_
COUNTY OF \_\_\_\_\_ } SS.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_
NAME OF AUTHORIZED AGENCY OFFICIAL
an authorized official of the \_\_\_\_\_ an organization licensed or otherwise approved to
NAME OF AGENCY
provide adoption services under the laws of \_\_\_\_\_ personally appeared \_\_\_\_\_ known to me to
STATE NAME OF ALLEGED NATURAL FATHER
be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same.

TITLE

SIGNATURE OF AUTHORIZED AGENCY OFFICIAL

CERTIFICATION

The terms and consequences of the voluntary signing of the relinquishment, including the right to withdraw the relinquishment prior to the signing of the decree of adoption were fully explained in detail to and understood by the parent of this Indian child. The explanation was given by the agency representative whose signature is affixed above, in my presence, and in a language understood by the parent.

DATE

SIGNATURE OF JUDGE

SUPERIOR COURT