

**NOTICE OF FORM CHANGE NO. 03-144**

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 868 (9/03)- Relinquishment of an Indian Child  
(Alleged Natural Father in California) - In/Out of County

|  |   |   |  |
|--|---|---|--|
| ORDER UNIT<br><b>MASTER ONLY</b>   | <input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold                  | ESTIMATED PRICE                           | INITIAL SUPPLY SENT<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Revised   | DATE OF FORM<br>9/03  | REPLACES<br>1/00                          | <input type="checkbox"/> Obsolete  |
| REQUIRED FORM-<br><input checked="" type="checkbox"/> No Change Permitted  | REQUIRED FORM-<br><input type="checkbox"/> Substitute Permitted With Prior DSS Approval | <input type="checkbox"/> Recommended Form |  |
| UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:<br><b>Department of Social Services Warehouse<br/>P.O. Box 980788<br/>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
In-or-Out of County
(Alleged Natural Father in California)

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

Complete upper section before sending this form to an out-of-county 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.

By \_\_\_
AUTHORIZED AGENCY OFFICIAL

I, \_\_\_ having been alleged to be the father of \_\_\_
a minor \_\_\_ child, born on \_\_\_ in \_\_\_ do hereby relinquish
the child for adoption to \_\_\_

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

The foregoing relinquishment was signed on \_\_\_ by \_\_\_
in the presence of: DATE NAME OF ALLEGED NATURAL FATHER

NAME OF WITNESS SIGNATURE OF WITNESS
NAME OF WITNESS SIGNATURE OF WITNESS

STATE OF CALIFORNIA
COUNTY OF } ss.

On this \_\_\_ day of \_\_\_, 20 \_\_\_, before me, \_\_\_ an authorized
official of the \_\_\_ 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, personally appeared \_\_\_ known to me to be the person whose name is
subscribed to the within instrument and acknowledged to me that he 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