

**NOTICE OF FORM CHANGE NO. 03-163**DATE  
10/16/2003**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 593 (9/03) Relinquishment - Out of State in Armed Forces (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 3/82	<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 <input checked="" type="checkbox"/> Use until exhausted	<input type="checkbox"/> Destroy
USE NEW FORM <input type="checkbox"/> When supply available in DSS Warehouse	<input checked="" type="checkbox"/> Use new form effective <u>9/03</u>
USE FORM IN ACCORDANCE WITH <input type="checkbox"/> All County Letter No.	<input type="checkbox"/> Other (specify)

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

Form is now a Master Only. Unit of issue changed to each.

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 Out-of-State Outside of California in Armed Forces (Alleged Natural Father)

Complete upper section before sending this form out-of-state  
to have the annexed relinquishment taken.

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  
(NAME OF ALLEGED NATURAL FATHER)  
be the father of \_\_\_\_\_, a minor \_\_\_\_\_  
(NAME OF CHILD) (GENDER)  
child, born on \_\_\_\_\_, at \_\_\_\_\_  
(DATE) (CITY) (STATE)  
do hereby relinquish and surrender the child 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 am not naming the prospective adoptive parent(s) for my child.
- I am naming the following person(s) as the prospective adoptive parent(s):

\_\_\_\_\_  
(FULL NAME(S) OF PROSPECTIVE ADOPTIVE PARENT(S))

If my child is not placed in the home of the named person(s) or my child is removed from the home before the  
adoption is completed, the agency will notify me. I will have 30 days from the date of the notice to rescind the  
relinquishment, take no action or select another placement for my child. If I do not rescind the relinquishment  
within the 30-day period, the agency may place the child in a home that the agency selects.

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.

\_\_\_\_\_  
(DATE) (SIGNATURE OF ALLEGED NATURAL FATHER)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me, \_\_\_\_\_  
(NAME OF OFFICER)

the undersigned officer, personally appeared \_\_\_\_\_  
(NAME OF ALLEGED NATURAL FATHER)

known to me (or satisfactorily proven) to be (a) serving in the armed forces of the United States, (b) a spouse of a person  
serving in the armed forces of the United States, or (c) a person serving with, employed by, or accompanying the armed  
forces of the United States outside the United States and outside the Canal Zone, Puerto Rico, Guam and the Virgin  
Islands, and to be the person whose name is subscribed to the within instrument and acknowledged that he executed the  
same. And the undersigned does further certify that he/she is at the date of this certificate a commissioned officer of the  
armed forces of the United States having the general powers of a notary public under the provisions of Section 936 or  
1044a of Title 10 of the United States Code (Public Law 90-632 and 101-510) (Per California Civil Code Section 1183.5).

\_\_\_\_\_  
(SIGNATURE OF OFFICER AND SERIAL NUMBER, RANK,  
BRANCH OF SERVICE AND CAPACITY IN WHICH SIGNED.)