

NOTICE OF FORM CHANGE NO. 03-165

DATE

10/17/2003

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 504 (9/03), Relinquishment - Out of State in the Armed Forces (Birth Mother/Presumed Father)

ORDER UNIT MASTER ONLY	<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 11/99	<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: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<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

Form is now Master Only. Unit is issued change to each.

Check on the internet to see if forms are available at 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.

**RELINQUISHMENT
Out-of-State in Armed Forces
(Birth Mother/Presumed 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, _____, the mother/father of _____, a minor
(NAME OF PARENT) (NAME OF CHILD)
(GENDER) child, born on _____ in _____ do hereby relinquish and surrender
(DATE) (CITY) (STATE)
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 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 PARENT)

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

the undersigned officer, personally appeared _____ known to me
(NAME OF PARENT)
(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/she 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 90-362 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.)