NOTICE OF FORM CHA	ANGE NO. 03-193			DATE 11/19/2003
TO: County Welfare Director Supply Clerk / Forms Coordinator			FROM: Forms Manage (916) 657-1907	
☐ Community Care Licensi☐ Private and Public Adopt	•		District Attorney Other	
Listed below is information re	garding a form change. Or	nly applica	able information is shown.	
This notice updates your Dep	artment of Social Services	County F	orms Catalog.	
FORM NUMBER AND TITLE AD 4341	ENG/SP (1/99) - Relinquis	hment Ou	t of State (Birth Mother and/	or Presumed Father)
ORDER UNIT	Free Sold		INITIAL SUPPLY SENT ☐ Yes ☐ No	
☐ New ☐ Revised	DATE OF FORM	REPLACES		⊠ Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permitte	ed With P	rior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED STOO Department of Social Service P.O. Box 980788 West Sacramento, CA 9579	ces Warehouse		Other:	
	FORMS DISPOSITION	ON AND S	SPECIAL INSTRUCTIONS	
DISPOSITION OF OLD SUPPLY Use until exhausted			stroy	
use NEW FORM When supply available in	DSS Warehouse	Us	e new form effective	
use FORM IN ACCORDANCE WITH All County Letter No. Other (specify)				
ADDITIONAL INFORMATION REGARDING FOR FORM IS OBSOLETE. IT HA		ΔD 4330 /	(9/03)	

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.