

**NOTICE OF FORM CHANGE NO. 06-037**

DATE

03/13/2006

**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 594 (3/06) - Consent For Alleged Father In/Outside California

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 3/06	REPLACES 9/02	<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</b> <b>P.O. Box 980788</b> <b>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    3/06

## USE FORM IN ACCORDANCE WITH

All County Letter No.  
 Other (specify)

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

FORM IS A MASTER ONLY.

Attached is a Reproducible Copy. Print 8 1/2 x 11.

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 and Spanish forms, 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). Contact Language Services for other languages at (916) 651-8876 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA

IN AND FOR THE COUNTY OF \_\_\_\_\_

In the Matter of the Petition of

ALLEGED NATURAL FATHER'S  
CONSENT TO ADOPTION  
(In or Out of California)

PETITIONER(S)

I, \_\_\_\_\_, having been alleged to be the father of \_\_\_\_\_

Name

Name of Child

(Gender: M F), born to \_\_\_\_\_

Name of Mother

on \_\_\_\_\_ in \_\_\_\_\_

Date of Birth

Place of Birth

give my full and free consent to the adoption of said child by \_\_\_\_\_

Name of Petitioner(s)

I understand that I may revoke this consent only during the thirty (30) day period beginning on the date I sign this consent and only if I have not waived my right to revoke the consent. I further understand that with the signing of the order of adoption by the court I shall give up all my rights of custody, services, and earnings of said child and I may not reclaim said child.

Signed in the presence of:

SIGNATURE OF REPRESENTATIVE: CDSS or Delegated County Adoption Agency
CDSS DISTRICT OFFICE OR COUNTY OFFICE
ADDRESS
TELEPHONE NUMBER

DATE
SIGNATURE OF ALLEGED NATURAL FATHER
FULL ADDRESS

--- OR ---

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_, a Notary Public,

personally appeared \_\_\_\_\_ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature (Seal)

\*(NOTARIZE ONLY WHEN SIGNED OUTSIDE STATE OF CALIFORNIA.)