NOTICE OF FORM CHANGE NO. 08-080		DATE
NOTICE OF FORM CHANGE NO. 00-000		06-19-2008
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other	FROM: Forms Manageme (916) 657-1907	nt Unit
Listed below is information regarding a form change. O	nly applicable information is shown.	
This notice updates your California Department of Soc	ial Services (CDSS) County Forms Catalo	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE AD 863 (3/08) English a Reqlinquishment Of an	and Spanish Indian Child Out of State	
ORDER UNIT MASTER ONLY ☐ Free ☐ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ⊠ No
□ New □ Revised 3/08	REPLACES 3/06	☐ Obsolete
REQUIRED FORM- No Change Permitted Substitute Permitte	ted With Prior DSS Approval Rec	commended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788	☐ OTHER: ☐ INTERNET: ☐ INTRANET:	
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 3/08	
use FORM IN ACCORDANCE WITH All County Letter No. Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE	allah /ADOCO DDE	
http://www.dss.cahwnet.gov/cdssweb/entres/forms/Enhttp://www.dss.cahwnet.gov/cdssweb/entres/forms/Spa		

Camera-ready copies are currently available on the CDSS Internet. Go to www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

Form information on forms not listed in the catalog, you may contact FMU at (916) 657-1907 or by e-mail at fmudss@dss.ca.gov.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.

Print Form: 8 1/2 x 11