NOTICE OF FORM CHANGE NO. 08-097					DATE
					07/14/2008
TO: County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other	FF	FROM: Forms Management Unit (916) 657-1907			
Listed below is information re	garding a form change. Or	nly applicable in	nformation is sho	wn.	
This notice updates your Cal	lifornia Department of Soci	al Services (CI	OSS) County For	ms Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	AD 862 (3/08) English a Relinquishment of an inc		t of State (Alleged	d Natural F	-ather)
MASTER ONLY Sold ESTIMATED PRICE					INITIAL SUPPLY SENT Yes No
☐ New ⊠ Revised	3/08	REPLACES 3/06			Obsolete
REQUIRED FORM- REQUIR					
UNLESS OTHERWISE SPECIFIED STORE Department of Social Service P.O. Box 980788 West Sacramento, CA 9579	☐ OTHER: ☐ INTERNET: ☐ INTRANET:				
	FORMS DISPOSITION	ON AND SPEC	IAL INSTRUCTION	ONS	
DISPOSITION OF OLD SUPPLY Use until exhausted		Destroy			
USE NEW FORM When supply available in	☑ Use new form effective 3/08				
USE FORM IN ACCORDANCE WITH ☐ All County Letter No. ☐ Other (specify)					
additional information regarding for http://www.dss.cahwnet.gov/		glish/AD862.PE)F		
http://www.dss.cahwnet.gov/	cdssweb/entres/forms/Spa	nish/ad862sp.p	odf		
Camera-ready copies are cur www.dss.cahwnet.gov/cdssw			o to		

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

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

GEN 127 (3/02)

fmudss@dss.ca.gov.