

**FORMS FOR SURRENDER OF CHILD IN TENNESSEE  
DIRECTLY TO  
ADOPTIVE PARENTS  
BY A PARENT OR GUARDIAN**

**PART I**

**PRE-SURRENDER INFORMATION**

The following information is required by Tennessee Code Annotated § 36-1-111 and must be obtained under oath by the Court prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to the court. T.C.A. § 36-1-111(g).

**STATE OF** \_\_\_\_\_ )  
**COUNTY OF** \_\_\_\_\_ )

Being duly sworn according to law, affiant would state:

1. I am:
  - a. Mother: \_\_\_\_\_ (Date of Birth) \_\_\_\_\_, or
  - b. Father: \_\_\_\_\_ (Date of Birth) \_\_\_\_\_, or
  - c. Legal Guardian: \_\_\_\_\_ (Date of Birth) \_\_\_\_\_, of:
  
2.
  - a. Child's Name \_\_\_\_\_
  - b. Child's Date of Birth \_\_\_\_\_
  - c. Child's Place of Birth \_\_\_\_\_
  - d. Child's Sex \_\_\_\_\_
  - e. Child's Race \_\_\_\_\_
  
3. This child was born in wedlock / out of wedlock .
  
4. State the names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this child:
  - a. (1) Name: \_\_\_\_\_  
(2) Relationship to the child: \_\_\_\_\_  
(3) Address \_\_\_\_\_  
(4) City, State Zip \_\_\_\_\_  
(5) Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
(6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.  
\_\_\_\_\_  
\_\_\_\_\_ and
  
  - b. (1) Name: \_\_\_\_\_  
(2) Relationship to the child: \_\_\_\_\_  
(3) Address \_\_\_\_\_  
(4) City, State Zip \_\_\_\_\_  
(5) Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
(6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.  
\_\_\_\_\_  
\_\_\_\_\_ and
  
  - c. (1) Name: \_\_\_\_\_  
(2) Relationship to the child: \_\_\_\_\_  
(3) Address \_\_\_\_\_  
(4) City, State Zip \_\_\_\_\_  
(5) Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
(6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.  
\_\_\_\_\_  
\_\_\_\_\_

5. The identity is unknown for the other:
- a. Legal parent      Yes  No
  - b. Biological parent    Yes  No
  - c. Legal guardian      Yes  No
  - d. Not applicable      Yes  No
6. The whereabouts is unknown for the other:
- a. Legal parent      Yes  No
  - b. Biological parent    Yes  No
  - c. Legal guardian      Yes  No
  - d. Not applicable      Yes  No
7. I state that all information concerning the identity, whereabouts, and social and medical history concerning the other legal or biological parent/legal guardian has been( ) or will be given( ) to the prospective adoptive parents to whom the above child is being surrendered, to the agency conducting the adoptive home study, or to the attorney for the prospective adoptive parents.

8. Information Concerning Child's Native American Heritage:
- a. Are you or the child of Native American heritage? Yes  No   
If no, go to # 9.
  - b. If yes, are you eligible for tribal membership? Yes  No
  - c. If yes, give name of tribe. \_\_\_\_\_
  - d. Are you registered with a Native American tribe? Yes  No
  - e. If yes, give name of tribe. \_\_\_\_\_
  - f. Is your child eligible for tribal membership? Yes  No
  - g. If yes, give name of tribe. \_\_\_\_\_
  - h. Has your child been registered with a Native American tribe? Yes  No
  - i. If yes, give name of tribe. \_\_\_\_\_
  - j. This information is unknown. Yes  No

9. a. Will this child be sent out of Tennessee to another state or country for adoption? Yes  No  If no, go to #10.
- b. If yes, name of state or country. \_\_\_\_\_
- c. If yes, Tennessee law will govern the interpretation of this surrender.

10. Have you been paid, received or been promised any money or other remuneration of thing of value in connection with the birth of the above-named child or placement of this child for adoption? Yes  No
- If no, go to #11.
- If yes, please complete the following:

Amount Paid	To Whom	By Whom	Date Received/Paid	Type Service/Cost

- 11 a. Does the child own any real or personal property? Yes  No  If yes, please describe the property owned and give the property value:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- b. Is it expected that the child will become possessed of any real or personal property? Yes  No   
If yes, please describe property, who currently owns the property, the time and circumstances under which the child becomes owner and give the property value:

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12. a. Do you currently have:
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Only legal custody of the child?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Only physical custody of the child?           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Both legal and physical custody of the child? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

- b. If another person(s) holds legal custody of the child at this time, give the following information:  
Name: \_\_\_\_\_  
Relationship, if any, to you or the child: \_\_\_\_\_  
Address: \_\_\_\_\_

(Street, RR, P.O. Box) (Town/City) (State) (Zip)  
Telephone Number (Home) (Work)

- c. If another person(s) holds physical custody of the child at this time, give the following information:  
Name: \_\_\_\_\_  
Relationship, if any, to you or the child: \_\_\_\_\_  
Address: \_\_\_\_\_

(Street, RR, P.O. Box) (Town/City) (State) (Zip)  
Telephone Number (Home) (Work)

- d. Is the person(s) who holds custody the prospective adoptive parent? Yes  No   
e. If a licensed child placing agency, the Department of Children's Services or another State agency holds physical and/or legal custody of your child, give the following information:

Name of Agency: \_\_\_\_\_  
Street/Rural Route/P.O. Box: \_\_\_\_\_  
Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- f. Do you intend to give custody to the prospective adoptive parents? Yes  No   
g. Explain any other circumstances regarding the custody status of this child: \_\_\_\_\_

13. a. Are you aware of assistance which may be available to you to care for the child should you desire to parent this child? Yes  No

- b. Do you desire counseling regarding such assistance which may be available to you or regarding other issues concerning adoption or parenting from the Tennessee Department of Children's Services a licensed child-placing agency, or a licensed clinical social worker concerning the decision to place this child for adoption? Yes  No

- c. Have you requested the prospective adoptive parents to provide such counseling for you? Yes  No  If not, go to #14.

- d. If so, has such counseling been made available to you by the prospective adoptive parents? Yes  No

14. a. Do you desire to be represented by legal counsel at this surrender proceeding? Yes  No

- b. If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes  No

- c. Have you requested the prospective adoptive parents to provide such counseling for you? Yes  No  If not, go to #15.

- d. If so, has such counseling been made available to you by the prospective adoptive parents? Yes  No

15. Do you understand that if you sign the following surrender of the above-named child that you will have no right to act as parent of the child in any manner whatsoever forever, that your rights and responsibilities to and with the child will be terminated and that the child will become the legal child of other persons? Yes  No

16. a. If you sign the surrender of the above-named child, do you understand that within three (3) days from the date you sign the surrender, you may revoke or cancel this surrender by signing a paper called a **REVOCATION OF SURRENDER** before the judge who is here today, or his or her successor? Yes  No

- b. By signing the surrender of the above named child on this date, (Mo/Day/Yr) \_\_\_\_\_, the period of revocation of the surrender will begin on the day following the signing of the surrender, or (Mo/Day/Yr) \_\_\_\_\_. **The revocation period is three (3) days and will expire on the third (3rd) day or (Mo/Day/Yr) \_\_\_\_\_.** Do you understand this? Yes  No

- c. Do you understand that if you do sign the Revocation of Surrender form within the three (3) day period, the prospective adoptive parents will be required to return the child, if you currently have custody of the child, unless the court finds that to do so will likely result in immediate harm to the health and safety of the child, and that you may contest this decision not to return the child to you and you may have legal counsel to represent you in that proceeding?  
Yes  No

17. Knowing the above, do you freely, voluntarily and without duress or pressure by any other person(s) desire to surrender the above-named child so that the child may be placed for adoption and adopted by the prospective adoptive parents? Yes  No

FURTHER, AFFIANT SAITH NOT.

This the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Signature:** Biological\_\_ Legal\_\_ Mother\_\_\_\_\_   
 Biological\_\_ Legal\_\_ Father\_\_\_\_\_   
 Legal Guardian of \_\_\_\_\_ of

\_\_\_\_\_  
Name of Child

Sworn to and subscribed before me this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Please Print:**

\_\_\_\_\_  
\_\_Chancellor, \_\_Circuit Judge, or \_\_Juvenile Court Judge  
of \_\_\_\_\_ County, Tennessee

**Signature:**

\_\_\_\_\_  
Chancellor, Circuit Judge, or Juvenile Court Judge

PART II

A. SURRENDER BY PARENT OR GUARDIAN DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS

STATE OF TENNESSEE )
COUNTY OF \_\_\_\_\_ )

Being duly sworn affiant would state:

- 1. I am:
a. Mother: \_\_\_\_\_ or
b. Father: \_\_\_\_\_, or
c. Legal Guardian: \_\_\_\_\_ of:
2. a. Child's Name: \_\_\_\_\_
b. Child's Date of Birth: \_\_\_\_\_
c. Child's Place of Birth: \_\_\_\_\_
d. Child's Sex: \_\_\_\_\_
e. Child's Race: \_\_\_\_\_

3. I understand that by my signature to this document, all of my parental or guardianship rights to the child named above will be forever terminated and ended; that this child will be adopted by \_\_\_\_\_ [Name(s) of prospective adoptive parent(s)], and that I will have no further right to see this child, or to act as parent of this child, or to otherwise be involved in the life of this child.

4. I understand that by signing this document, I will not be entitled to any notice, legal or otherwise, of any other legal proceedings for the adoption of my child by other persons.

5. a. I have read and fully understand Part I of this document and fully understand that if I change my decision to surrender this child I must do so by \_\_\_\_\_ (Date from # 16b. of Part I) by presenting the Revocation of Surrender Form, attached to this document, to the judge who is conducting this proceeding, or his or her successor.

b. By my signature to this part, I acknowledge receipt of a copy of the Revocation of Surrender form.

6. I FREELY AND VOLUNTARILY, WITHOUT DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR GUARDIANSHIP RIGHTS TO \_\_\_\_\_ (CHILD'S NAME) TO:

- a. Prospective Adoptive Mother \_\_\_\_\_
b. Prospective Adoptive Father \_\_\_\_\_

FURTHER AFFIANT SAITH NOT.

This the \_\_\_ day of \_\_\_\_\_, 20\_\_\_.

Signature: Biological \_\_\_ Legal \_\_\_ Mother \_\_\_\_\_
Biological \_\_\_ Legal \_\_\_ Father \_\_\_\_\_
Legal Guardian \_\_\_\_\_

Sworn to and subscribed before me this the \_\_\_ day of \_\_\_\_\_, 20\_\_\_.

Please Print: \_\_\_\_\_
\_\_\_Chancellor, \_\_\_Circuit or \_\_\_Juvenile Court Judge of
\_\_\_\_\_County, Tennessee

Signature: \_\_\_\_\_
\*See Note Below Before Signing Chancellor, Circuit or Juvenile Court Judge

NOTES TO COURT:

- 1. Please see T.C.A. § 36-1-110 and 36-1-111(b)(c), (d) and (e) for capacity to execute and receive surrenders and requirements for validity.
2. A separate medical/social history form for the child, the child's parent(s), and biological relatives must be completed under oath prior to execution of the surrender. T. C. A. § 36-1-111(k).
3. When applicable, as noted above, all provisions of Section B. must be completed as directed prior to acceptance of the surrender and before entry of an Order of Full or Partial Guardianship. T.C.A. § 36-1-111(k)(m) and (o).

4. The surrender itself is not sufficient to vest custodial or guardianship authority with the prospective adoptive parents. T.C.A. § 36-1-111 (r)(2). Upon satisfactory completion of the above necessary requirements and execution of the Pre-Surrender Form in Part I and Section A. of Part II by the parent(s) or legal guardian, the Court may enter an Order of Full or Partial Guardianship for the Prospective Adoptive Parent. T. C. A. § 36-1-111(r)(6)(C). This should be done within thirty (30) days of the execution of the surrender. T.C.A. § 36-1-111(u).
5. If a full home study of the prospective adoptive parent(s)' home has not been conducted within six (6) months of the date of the execution of this surrender, the court shall, if the surrender is to persons who are not related [T.C.A. § 36-1-102(39)] to the child, issue an Order of Reference for such home study to, and shall order supervision of the child in the home of the prospective adoptive parents by, a licensed child-placing agency, a licensed clinical social worker, or if the prospective adoptive parents are indigent under Federal Poverty Guidelines, to the Tennessee Department of Children's Services. The home study is to be returned to the court within sixty (60) days. See, T.C.A. § 36-1-111(t).

**NOTES TO THE CLERK:**

1. Certified copies of Parts I and II must be given to the person(s) executing the surrender and to the prospective adoptive parents. Costs of the copies may be taxed to the prospective adoptive parents. Certify these copies on the page following Part II. T. C. A. § 36-1-111(p).
2. The original shall be entered on a special docket for Surrenders and shall be styled " In Re: \_\_\_\_\_" (Child's Name) and shall be permanently filed by the court in a report file for that purpose, and shall be confidential and shall not be inspected by anyone else without the written approval of the court. T. C. A. § 36-1-111(p).
3. Within five (5) days of the execution of the surrender, a certified copy of Parts I, II, and III shall be sent, without cost, to: Adoptions Services, Tennessee Department of Children's Services, 436 6<sup>th</sup> Avenue North, Nashville, TN 37243-1290. T.C.A. § 36-1-111(p)(1),(2) and (4). T. C. A. § 36-1-111(p). Please provide certifications on the pages following Parts II and III.

**PART II**

**B. ACCEPTANCE OF SURRENDER BY PROSPECTIVE ADOPTIVE PARENTS**

STATE OF TENNESSEE )  
 COUNTY OF \_\_\_\_\_ )

Being duly sworn, affiant(s) would state:

1. a. I am \_\_\_\_\_, Prospective Adoptive Mother.  
 b. Prospective Adoptive Mother's Date of Birth \_\_\_\_\_  
 c. Prospective Adoptive Mother's Marital Status \_\_\_\_\_  
 d. Prospective Adoptive Mother's Address \_\_\_\_\_
2. a. I am \_\_\_\_\_, Prospective Adoptive Father.  
 b. Prospective Adoptive Father's Date of Birth \_\_\_\_\_  
 c. Prospective Adoptive Father's Marital Status \_\_\_\_\_  
 d. Prospective Adoptive Father's Address \_\_\_\_\_

3. \_\_\_\_\_ agree to assume responsibility for obtaining guardianship of  
 (I/We) \_\_\_\_\_ through court order within thirty (30) days of the date of this  
 (Name of Child) \_\_\_\_\_  
 surrender [See, T.C.A. § 36-1-111(u)], and we agree, therefore, to be responsible for the care, custody, financial support, medical care, education, moral, and spiritual training of this child.

4. The following costs have been paid by \_\_\_\_\_ for activities involving the placement of this child.  
 (me/us)

Amount Paid	To Whom	Date Paid	Type Service/Cost
			Licensed Child Placing Agency
			Licensed Clinical Social Worker
			Legal Counsel
			Other Person/Organization Specify:
			Social Counseling Cost for Child's Parent/Legal Guardian
			Legal Counseling for Child's Parent/Legal Guardian
			Hospital or Medical Costs for the Birth of the Child
			Medical Care/Other Birth Related Expenses for Mother and/or Child
			Counseling Fees for Child
			Food, Maternity Clothing, Child's Clothing
			Housing and/or Utilities for Parent/Guardian
			Other Costs (Specify to Whom)

**SUBSECTIONS 5a.-5d. MUST BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THE FOLLOWING MUST EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE COURT:**

5. a. \_\_\_\_\_ I/We have physical custody of this child; or  
 b. \_\_\_\_\_ I/We will receive physical custody of the child from the parent or legal guardian within five (5) days of this surrender. The affidavit required by § 36-1-111 (d)(6) of the custodial parent or guardian to this effect has been presented to the court at this time; or  
 c. \_\_\_\_\_ I/We have the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been presented to the court at this time; or

d. \_\_\_\_\_ Another person or agency currently has physical control of the child. I/We have presented to the court an affidavit of the person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of a guardianship order pursuant to § 36-1-136(r).

**SUBSECTIONS 6-9 MUST BE ANSWERED "YES" OR MUST BE MARKED "NOT APPLICABLE" BEFORE THE SURRENDER IS COMPLETED BY THE COURT:**

6. Yes  No  I/We have presented to the court a currently effective or updated home study or preliminary home study of my/our home conducted by a licensed child-placing agency, a licensed clinical social worker, or the Tennessee Department of Children's Services.
7. Yes  No  I/We have attached the certificate of the completion of ( )legal/( )social counseling if counseling was requested by the surrendering parent. See Item #s 13 and 14 in Part I above. Not Applicable.
8. Yes  No  If the child has been brought into Tennessee for foster care or adoption, I/we have attached a copy of the ICPC 100A or other substitute form required for ICPC compliance or a sworn statement stating why such form is not required by the ICPC. Not Applicable.
9. Yes  No  I/We have attached a statement that if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq. applies because of the child's Native American heritage, there has been compliance with the Act. Not Applicable.

**SUBSECTION 10 MUST BE ANSWERED "YES", OR ITEM b. MUST EXPLAIN HOW COMPLIANCE WILL BE EFFECTED:**

10. Yes  No  a. If the child is to be removed from Tennessee for adoption in another state, there has been compliance with the Interstate Compact on the Placement of Children. Not Applicable.

b. If not, how will it be effected?

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FURTHER AFFIANT(S) SAITH NOT

This \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Prospective Adoptive Mother

\_\_\_\_\_  
Signature of Prospective Adoptive Father

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**Please Print:**

\_\_\_\_\_  
\_\_Chancellor, \_\_Circuit Judge, or \_\_Juvenile Court  
Judge of \_\_\_\_\_County,  
Tennessee

**Signature:**

\_\_\_\_\_  
\_\_Chancellor, \_\_Circuit Judge, or \_\_Juvenile Court Judge

**CERTIFICATION**

I, \_\_\_\_\_, Clerk of the \_\_\_\_\_ Court for \_\_\_\_\_ County, Tennessee hereby certify the foregoing copies of Parts I and II of the Surrender Forms to be true and accurate copies of the documents filed with the court.

\_\_\_\_\_  
Clerk of the \_\_\_\_\_ Court of  
\_\_\_\_\_ County, Tennessee

(Seal)



**PART III  
CONTACT VETO REGISTRATION  
T.C.A. § 36-1-111(k)(3)**

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

Being duly sworn according to law affiant would state:

1. I am:
  - a. Mother: \_\_\_\_\_, or
  - b. Father: \_\_\_\_\_, or
  - c. Legal Guardian: \_\_\_\_\_ of:
  
2.
  - a. Child's Name: \_\_\_\_\_
  - b. Child's Date of Birth: \_\_\_\_\_
  - c. Child's Place of Birth: \_\_\_\_\_
  - d. Child's Sex: \_\_\_\_\_
  - e. Child's Race: \_\_\_\_\_
  
3.
  - a. I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.  
  
    - b. I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].
  
4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
  
5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].
  
6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

**CONTACT VETO REGISTRY  
POST ADOPTION SERVICES  
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES  
436 6<sup>th</sup> AVENUE NORTH  
NASHVILLE, TENNESSEE 37243-1290**

7. a. PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO ENSURE THAT FUTURE CONTACT CAN BE MADE.

\_\_\_\_\_  
 Name (Including Birth & Married Names) (Street/Rural Route/P. O. Box)  
 \_\_\_\_\_  
 (Town/City) (State) (Zip Code)  
 \_\_\_\_\_  
 (Home Telephone No.) (Work Telephone No.)

b. Is this address an address the department may use to write to you concerning your wishes regarding contact. Yes  No  If no, please share address to be used:

\_\_\_\_\_  
 (Street/Rural Route/P. O. Box) (Town/City) (State)  
 \_\_\_\_\_  
 (Zip Code) (Work Telephone) (Home Telephone)

c. Is this address an address a person requesting contact may use to write to you? Yes  No . If no, please share the address to be used:

\_\_\_\_\_  
 (Street/Rural Route/P. O. Box) (Town/City) (State)  
 \_\_\_\_\_  
 (Zip Code) (Work Telephone) (Home Telephone)

d. Are the telephone numbers the numbers the department may use to contact you? YES  NO . If no, may the listed telephone numbers be shared with eligible persons requesting contact? YES  NO . If no, please list telephone number(s), if any, that might be shared and used to contact you.

\_\_\_\_\_  
 (Work Telephone No.) (Home Telephone No.)

8. a. I wish to **veto** contact with the adopted person and all other classes of eligible persons, who may, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me.

b. The filing of a contact veto by you makes the contact veto automatically applicable to your siblings, lineal descendants, lineal ancestors, and the spouses of those persons so that they cannot be contacted by a person eligible to have the records opened. You may, however, exclude persons in those classes from this automatic coverage so that they will have to register a contact veto themselves or, upon location by the department, pursuant to a search request, they will have to register a contact veto at the time. [T.C.A. § 36-1-130(a)(6)]. Please indicate whether you wish to exclude any of these persons.

c. I wish to exclude from the automatic contact veto the following:

- (1) My siblings: Yes  No
- (2) My lineal descendants: Yes  No
- (3) My lineal ancestors: Yes  No
- (4) The spouses of:
  - (a) siblings Yes  No
  - (b) lineal descendants Yes  No
  - (c) lineal ancestors Yes  No

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street., RR, P. O. Box, Town, State, Zip

d. I wish to veto contact with: [T.C.A. § 36-1-128(c)]

- (1) Any future siblings of the adopted person. Yes  No
- (2) A current spouse Yes  No  Name of current spouse \_\_\_\_\_
- (3) Future spouse of mine Yes  No
- (4) Any of my lineal descendants Yes  No

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street., RR, P. O. Box, Town, State, Zip

9. a. I give **consent** for the child I am surrendering (adopted person) and **ALL** other classes of eligible persons who, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me.

b. I wish to **limit consent** to certain persons and only give consent for contact with the following classes of people:

- (1) The adopted person Yes  No
- (2) The adopted person's adoptive parents Yes  No
- (3) The adopted person's adoptive siblings Yes  No
- (4) The adopted person's lineal descendants Yes  No
- (5) The legal representatives of any of these persons Yes  No

c. If contact is limited to the legal representative of certain classes of persons, please describe:  
 \_\_\_\_\_  
 \_\_\_\_\_

10. I wish the following types of contact by those persons requesting contact with me: (Please check all that apply and indicate any limitations or qualifications to these methods of contact)

- Telephone  \_\_\_\_\_
- Letters  \_\_\_\_\_
- Personal contact, unannounced  \_\_\_\_\_
- Personal contact, prearranged with me , either via phone  or correspondence
- Personal contact through another person  Please give name, relationship to you, if any, and information to be released regarding how to contact:  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Other information I wish to have released about me to any eligible persons (please identify to whom and the contents of the information to be provided)  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Should you wish no contact with any other eligible persons but wish to share a statement of your feelings, or circumstances which impact your decision, please share that information here:  
 \_\_\_\_\_  
 \_\_\_\_\_

13. I hereby request that this information be filed with the Contact Veto Registry at the Post Adoption Services Unit of the Department of Children's Services.

FURTHER, AFFIANT SAITH NOT.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Signature:** Biological \_\_\_ Legal \_\_\_ Mother \_\_\_\_\_  
 Biological \_\_\_ Legal \_\_\_ Father \_\_\_\_\_  
 Legal Guardian \_\_\_\_\_

Sworn to and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Please Print:** \_\_\_\_\_  
 \_\_\_Chancellor, \_\_\_Circuit Judge, \_\_\_Juvenile Court Judge of  
 \_\_\_\_\_ County, Tennessee

**Signature:** \_\_\_\_\_  
 Chancellor, Circuit Judge, Juvenile Court Judge

**CERTIFICATION**

I, \_\_\_\_\_, Clerk of the \_\_\_\_\_ Court of \_\_\_\_\_  
County, Tennessee, certify the foregoing copy of Part III of the Surrender Forms to be a true and accurate copy of the  
document executed before this Court.

\_\_\_\_\_  
Clerk of the \_\_\_\_\_ Court of  
\_\_\_\_\_ County, Tennessee

(Seal)

**PART IV**

**REVOCATION OF SURRENDER BY A PARENT OR GUARDIAN**

**STATE OF TENNESSEE**

**COUNTY OF \_\_\_\_\_**

Being duly sworn according to law affiant would state:

1. I am:
  - a. Mother: \_\_\_\_\_, or
  - b. Father: \_\_\_\_\_, or
  - c. Legal Guardian: \_\_\_\_\_, of:
  
2.
  - a. Child's Name: \_\_\_\_\_
  - b. Child's Date of Birth: \_\_\_\_\_
  - c. Child's Place of Birth: \_\_\_\_\_
  - d. Child's Sex: \_\_\_\_\_
  - e. Child's Race: \_\_\_\_\_
  
3. On \_\_\_\_\_ (Date), I executed a surrender of my parental or guardianship rights to the child named in #2 to:
  - a. Prospective Adoptive Parent(s) \_\_\_\_\_
  - b. Licensed Child-Placing Agency \_\_\_\_\_
  - c. Tennessee Department of Children's Services \_\_\_\_\_.
  
4. The surrender was executed before: \_\_\_\_\_  
(Name of Judge and Name of Court)
  
5. I hereby revoke and void the surrender of the above-named child.

FURTHER AFFIANT SAITH NOT.

This the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature:      Biological \_\_\_ Legal \_\_\_ Mother \_\_\_\_\_  
                         Biological \_\_\_ Legal \_\_\_ Father \_\_\_\_\_  
                         Legal Guardian: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

This Revocation of Surrender was received by me on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**Please Print:**

\_\_\_\_\_  
\_\_Chancellor, \_\_Circuit Judge, or \_\_Juvenile Court Judge  
of \_\_\_\_\_ County, Tennessee

**Signature** (See notes below): \_\_\_\_\_

Chancellor, Circuit Judge, or Juvenile Court Judge

**NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:**

1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).
  
2. The surrender must be revoked within three (3) days following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the third (3rd) day.
  
3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental

consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).

4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services  
Central Office  
Adoption Services  
436 6<sup>th</sup> Avenue North  
Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

- b. Please provide the certification on the page following this Revocation form.

5. If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services, Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-112(c)(2)(B).

### CERTIFICATION

I, \_\_\_\_\_, Clerk of the \_\_\_\_\_ Court of \_\_\_\_\_ County, Tennessee, certify the foregoing copy of the Revocation of Surrender to be a true and accurate copy of the Revocation of Surrender executed before this Court.

\_\_\_\_\_  
Clerk of the \_\_\_\_\_ Court of \_\_\_\_\_ County, Tennessee

(Seal)