

**TENNESSEE SURRENDER FORM**

I, (full name of surrendering party) \_\_\_\_\_, born (surrendering party's date of birth) \_\_\_\_\_, sign this surrender to end my parental rights and responsibilities to (full name of child) \_\_\_\_\_, born (child's date of birth) \_\_\_\_\_ in (location of child's birth) \_\_\_\_\_.

I am this child's (circle one) mother / father / possible father / guardian.

I surrender my parental rights to and request that this Court give guardianship to (a person/family with a current, approved home study, or a licensed child-placing agency) \_\_\_\_\_.

I know I only have three (3) days to change my mind and revoke this decision after I sign this form. This decision may not be changed if I do not revoke this surrender on or before \_\_\_\_\_ (three days after today, calculated under Tennessee Rule of Civil Procedure 6.01). To revoke, I must sign a revocation form before the Judge or officiant with me now, or his or her successor.

I have completed the Surrendering Party Pre-Surrender Information Form. I have provided true and complete answers to all the questions on that form to the best of my knowledge.

I know that I should only sign this form if I want my parental rights terminated. If I want to talk to my own lawyer before I sign this form, I should tell the Judge or other officiant now and this surrender process will stop. I can talk to my lawyer and then decide if I still want to end my parental rights.

If anyone is putting pressure on me to sign this surrender, or trying to make me sign against my will, or has promised me something I value in order to make me want to sign this surrender, I understand that I should tell the Judge or officiant about that before I sign this form. The Judge or officiant will not allow me to be forced to sign this surrender.

No one is pressuring, threatening, or paying me to get me to sign this form. I believe voluntary termination of my parental rights is in the best interest of my child.

By signing below I voluntarily terminate my parental rights and surrender my child to the person(s) or agency listed above.

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

\_\_\_\_\_  
Surrendering Party's Signature

**Judge or Officiant Attestation**

I interviewed the surrendering party and witnessed execution of the foregoing surrender as required by T.C.A. § 36-1-111. The surrendering party understands that he/she is surrendering parental rights to this child. There is no reason to believe that this is not a voluntary act.

The Surrendering Party's Pre-Surrender Information Form, the surrendering party's Social and Medical History Form, and if the surrender is to an individual, or individuals, as opposed to an agency, the individual's, or individuals', court report based upon a current and approved home study are attached to this form. The Pre-Surrender Information Form and Social and Medical History Form are properly verified by a notary or I reviewed the information with the surrendering party and he/she has attested before me to the correctness of those forms.

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

\_\_\_\_\_  
Judge or Officiant's Signature

Name and Title: \_\_\_\_\_

Court or Employing Institution and Location: \_\_\_\_\_

**ACCEPTANCE BY AGENCY or PROSPECTIVE ADOPTIVE PARENT(S)**

I/We \_\_\_\_\_ and \_\_\_\_\_  
individually or I, \_\_\_\_\_, on behalf of the licensed child-  
placing agency, \_\_\_\_\_, hereby accept the surrender of  
\_\_\_\_\_ (child) from \_\_\_\_\_

(surrendering party) and plan to adopt the surrendered child or for an agency, expect and intend to place this child for adoption with an appropriate family. I/We or the undersigned agency have physical custody of this child or will have physical custody upon discharge of this child from a healthcare facility. I/We or the undersigned agency agree(s) to assume responsibility for obtaining guardianship of the surrendered child through a court order within thirty (30) days of the date of the surrender. I/We or the undersigned agency agree(s), to be responsible for the care, custody, financial support, medical care, education, moral, and spiritual training of this child, pending an adoption.

I/We have completed the Accepting Party's Pre-Acceptance Information Form. The information provided in that form is true to the best of my/our knowledge.

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

\_\_\_\_\_  
Signature of Prospective Adoptive Parent

\_\_\_\_\_  
Signature of Prospective Adoptive Parent

\_\_\_\_\_  
Signature of Agency Representative and Title

**Judge or Officiant Attestation**

I interviewed the accepting parties and witnessed execution of the foregoing acceptance.

The Accepting Party's Pre-Acceptance Information Form and any accepting individual's/individuals' court report based upon a current and approved home study are attached to this form. The Accepting Party's Pre-Acceptance Information Form is properly verified by a notary or I reviewed the information with the accepting parties and they have attested before me to the correctness of the form.

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

\_\_\_\_\_  
Judge or Officiant's Signature

\_\_\_\_\_  
Name and Title:

\_\_\_\_\_  
Court or Employing Institution and Location:

**SURRENDERING PARTY'S PRE-SURRENDER INFORMATION FORM**

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  / in wedlock but the mother's husband is not the child's biological father .
4. State the names and relationships of any other legal parents, putative fathers, and legal guardians 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. \_\_\_\_\_
  - 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. \_\_\_\_\_
5. If the above named parties' whereabouts are unknown, please describe why that is the case: \_\_\_\_\_
6. Is the child or surrendering parent or another legal parent of the child a member of a federally recognized American Indian or Alaskan Native tribe? \_\_\_\_\_  
If "yes," please provide the name and address of the tribe, all available information regarding the tribal membership, including a membership number if there is one, or the basis for the belief that one may be a tribal member. If there is a tribal membership card or tribal enrollment document please provide a copy by attaching it to this form.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7.
  - a. Will this child be sent out of Tennessee to another state for adoption? Yes  No
  - b. If yes, name of state: \_\_\_\_\_

8. Have you been paid, received, or promised any money or other remuneration or 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 #9.

If yes, please list the amount paid, to whom the payment was made, who made the payment, when was the payment made, and for what purpose the payment was made:

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9. Does the child own any real or personal property? Yes  No . If yes, please describe property, its value, and any relevant circumstances:

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10. a. I currently have (\_\_\_) legal, (\_\_\_) physical, or (\_\_\_) legal and physical custody of the child.  
b. If someone else has legal or physical custody of the child, please identify the person or agency that holds custody of the child and whether they have legal custody, physical custody, or both. For a custodian, other than the surrendering party, please list the custodians:  
Custodian(s) \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_  
Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

11. a. There may be state assistance- money, classes, health insurance, food aid and such, available to help you if you parent the child yourself.  
b. There is counseling available if you want to talk to a counselor about your choice before you sign a surrender form.  
c. You can talk to a lawyer who only represents you, if you want to, before you sign a surrender form.  
Do you understand that all these things are available? Yes  No

12. Contact Veto.

I understand that information about who I am, where I live, my social and medical history and other similar information will be available to the adopted person when he/she is 21 years old or older if the adopted person asks for the information. Identifying information about me will not be released if I am the victim of rape or incest and that fact is known to DCS and I have not consented to release of the information. Even if the adopted person obtains information about me, I understand that I may direct that the adopted person not be allowed to contact me by registering a "contact veto" on this form or separately with the Tennessee Department of Children's Services at:

Contact Veto Registry  
Post Adoption Unit  
Tennessee Department of Children's Services  
315 Deaderick Street  
UBS Tower, 9th Floor  
Nashville, TN 37243

I may also change my previously expressed direction regarding contact at the same address. If I am contacted in violation of a contact veto, the adopted person will be guilty of a Class B misdemeanor and I can sue them for injunctive relief and compensatory and punitive damages and attorney's fees.

- a. Do you want to register a contact veto in order to prevent the adopted person from contacting you in the future? Yes  NO .

b. If identifying information about you is going to be released to the adopted person do you want to be notified before the information is released? Yes  No .

c. Please supply a permanent address and telephone number for the Department to use to consult with you regarding release of information about you to the adopted person:

\_\_\_\_\_

\_\_\_\_\_

d. Please describe any other directions regarding future contact and or any information you want passed on to the adopted person:

\_\_\_\_\_

\_\_\_\_\_

FURTHER, AFFIANT SAITH NOT.

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

Signature:      Biological  Legal  Mother \_\_\_\_\_

                    Biological  Legal  Father \_\_\_\_\_

                    Legal Guardian \_\_\_\_\_ of

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

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

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_

(A notary is necessary if information on this form is not reviewed by and acknowledged before a Judge or officiant.)

**ACCEPTING PARTY'S PRE-ACCEPTANCE INFORMATION FORM**

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

Being duly sworn affiants would state:

- 1. a. I am \_\_\_\_\_, Prospective Adoptive Parent.  
 b. Prospective Adoptive Parent's Date of Birth \_\_\_\_\_  
 c. Prospective Adoptive Parent's Place of Birth \_\_\_\_\_  
 d. Prospective Adoptive Parent's Marital Status \_\_\_\_\_
- 2. a. I am \_\_\_\_\_, Prospective Adoptive Parent.  
 b. Prospective Adoptive Parent's Date of Birth \_\_\_\_\_  
 c. Prospective Adoptive Parent's Place of Birth \_\_\_\_\_  
 d. Prospective Adoptive Parent's Marital Status \_\_\_\_\_

**OR**

3. I am \_\_\_\_\_, representative of \_\_\_\_\_ a licensed child-placing agency with offices at: \_\_\_\_\_.

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

Please include, amount paid or promised, to whom, by whom, date paid and type of service or cost:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 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.  
 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.  
 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 T.C.A § 36-1-111(d)(6) which indicates their waiver of right to custody of the child upon entry of a guardianship order pursuant to T.C.A. § 36-1-136(r).

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 as required by Tennessee law. (Not applicable for agency placements)

7. a. If the child is to be removed from Tennessee for adoption in another state, will there be compliance with the Interstate Compact on the Placement of Children.  
Yes  No  Not Applicable .
- b. If yes, who will be responsible for preparing and submitting the ICPC package? \_\_\_\_\_

FURTHER AFFIANT(S) SAITH NOT.

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

\_\_\_\_\_  
Signature of Prospective Adoptive Parent

\_\_\_\_\_  
Signature of Prospective Adoptive Parent

OR

\_\_\_\_\_  
Signature of Representative of Agency

Name of Agency: \_\_\_\_\_

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

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_

(A notary is necessary if information on this form is not reviewed by and acknowledged before a Judge or officiant.)

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

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

Being duly sworn according to law affiant would state:

- 1. I am:
  - a. Mother: \_\_\_\_\_
  - 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 or Officiant)

5. I hereby revoke the surrender of the above-named child.

FURTHER AFFIANT SAITH NOT.

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: \_\_\_\_\_

Signature: \_\_\_\_\_  
Judge or Officiant

SECTION 38. This act shall take effect July 1, 2018, the public welfare requiring it.