

**WRITTEN VOLUNTARY
RELEASE OF PARENTAL RIGHTS**

BIOGRAPHICAL INFORMATION OF PARENT AND CHILD:

I, _____, am the biological ____ Mother or ____ Father of
(Full name of Mother or Father)

_____, a ____ Male or a ____ Female child who
(Full Name of Child as Stated on the Birth Certificate)

was born on _____ at _____ O'Clock, _____ in/at _____
(Date of Birth) (Time of Birth) (AM or PM) (Name of Hospital/Place of birth)

located in _____ County/Parish, _____. I am a citizen of
(County or Parish) (State of Birth)

[] The United States of America [] _____. I am currently a resident
(Country of Citizenship)

of _____ County/Parish, _____, and reside at
(County/Parish) (State of Residency)

(Street Address, City, State).

My date of birth is _____. The last four digits of my Social Security Number
are _____.

INDIAN CHILD WELFARE ACT APPLICABILITY

I am a member of a recognized American Indian Tribe. ____ YES NO _____.
I am eligible for membership in a recognized American Indian Tribe. ____ YES NO _____.
IF YES, Please state name of Tribe. _____
My above named child is a member of a recognized American Indian Tribe or is eligible for
membership in such a tribe. ____ YES NO _____. IF YES, identify tribe. _____.

MILITARY STATUS

I am a member of the United States of America Armed Forces. ____ YES NO _____.
IF YES, Are you currently on active duty? _____.
IF YES, Are you currently deployed overseas or in a combat zone? _____.

VOLUNTARY TERMINATION AND RELINQUISHMENT OF PARENTAL RIGHTS:

After thoughtful and careful consideration, I do hereby voluntarily relinquish all of my parental rights to my child named above pursuant to §93-15-111, Mississippi Code of 1972, as amended. In doing so, I am fully aware that my decision is final, and that I will no longer have the right to make any decisions regarding the care, support, education and welfare of my child. I am also fully aware that, upon termination of my parental rights, I will no longer have the legal right to see, speak with, or otherwise contact my above named child.

RELINQUISHMENT OF ALL PARENTAL RIGHTS, WAIVER OF SERVICE OF PROCESS, AND CONSENT TO BE VOLUNTARILY JOINED AS A CO-PETITIONER:

After thoughtful and careful considerations, I voluntarily give up all of my parental rights to my child. Additionally, I voluntarily waive Service of Process and give my consent to be voluntarily joined as a co-petitioner for any future termination of parental rights proceedings pertaining to my child. In doing so, I am fully aware that the Court's acceptance of this surrender and written voluntary release of parental rights will terminate all of my parental rights to my child. In other words, I am fully aware that a Court Order terminating my parental rights means that I will forever lose custody of my child and that I will no longer have the right to make any decisions regarding my child's care, support, education and welfare.

CONSENT TO ADOPTION AND WAIVER OF SERVICE:

After thoughtful and careful consideration, I give my consent to the adoption of my child and waive Service of Process to any future adoption proceedings pertaining to my child and do hereby knowingly, freely and of my own accord join in any petition or pleading filed with any court seeking termination of my parental rights and/or adoption of my child. In doing so, I am fully aware that I will not have the right to appear or testify at any future adoption proceedings concerning my child. I am also fully aware that the adoption proceedings will be governed by the laws of Mississippi, or the state in which such action may be filed.

RIGHTS TO INHERITANCE WILL BE SIGNIFICANTLY AFFECTED OR EVEN ELIMINATED:

I am fully aware that the termination of my parental rights and the subsequent adoption of my child will significantly affect, or even eliminate, my rights to inherit from my child under the laws of Descent and Distribution in Chapter 1 of Title 91 of the Mississippi Code.

**SURRENDER AND RELEASE OF PARENTAL RIGHTS ARE KNOWINGLY,
INTELLIGENTLY, AND VOLUNTARILY MADE:**

I am knowingly, intelligently, and voluntarily surrendering my child and signing this release of my parental rights. I have completely read and fully understand all of the terms and conditions of this document and their consequences. My decision to sign this document is of my own free will. I am not under the influence of any medication or drug or intoxicating substance that has impaired my ability to act freely and voluntarily. No one has pressured me by fear, violence, deception, or improper inducements into signing this document. Instead, I am signing this document because I believe that surrendering my child and releasing my parental rights is in my child's best interest.

RIGHT TO CONSULT AN ATTORNEY:

I am fully aware of my right to seek the advice of an Attorney regarding the consequences of surrendering my child and releasing my parental rights under the terms and conditions of this document.

COURT HEARING TO APPROVE THIS VOLUNTARY RELEASE:

I understand that this Voluntary Release of my parental rights will take effect when it is approved and accepted by the Court. A hearing by the Chancery Court to decide whether to approve and accept this Voluntary Surrender and to terminate my parental rights is scheduled for the ____ day of _____, 201__, at 9:30 a.m. in the Chancery Courtroom of _____ County, in _____, Mississippi, before the Honorable _____, Chancery Judge for Post ___ of the Chancery Court of _____ County, MS. I further understand that I have the right to be present at this hearing and to participate in the same. I further understand that this hearing will be my last opportunity to withdraw, cancel or otherwise terminate this Voluntary Release or contest the termination of my parental rights. Finally, I understand that if I choose not to attend this hearing, the Court will proceed to consider this matter without further input from me or anyone acting on my behalf.

MY ADDRESS FOR NOTICE OF COURT PROCEEDINGS:

If required by any court or if otherwise necessary, notice of any Court proceedings regarding the termination of my parental rights or the adoption of my child can be made to _____ (Street Address or Post Office Box, City, State). I will inform the Clerk of the Court (Chancery Clerk of _____ County, Mississippi) immediately if my address for notice of Court proceedings changes.

WITNESS my signature on this, the ____ day of _____, A.D., 20 ____.

PARENT'S SIGNATURE

STATE OF MISSISSIPPI
COUNTY OF _____

PERSONALLY appeared before me, the undersigned authority in and for the county and state aforesaid, the within named _____, who acknowledge that all matters, facts and things contained in this documents are true and correct as therein stated.

GIVEN under my hand and official seal this the ____ day of _____, 20 ____.

NOTARY PUBLIC

My Commission Expires:
