

**VOLUNTARY RELEASE FOR ADOPTION OF A  
SURRENDERED NEWBORN BY PARENT**

Michigan Department of Health and Human Services

In the matter of \_\_\_\_\_, a newborn child.

1. I, \_\_\_\_\_, DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ am the  mother  father of the above child, who was born on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at \_\_\_\_\_ (place).
2. I affirm that I have parental rights to this child and that by signing this release, I voluntarily release all of my parental rights to my child. (Subject to number three below.)
3. I understand that I have 28 days after surrendering my newborn child to petition the court to reclaim custody of my child.
4. I understand that I will not receive notice of any hearings.
5. Understanding the above provisions, I release my child to a child placing agency for the purpose of adoption.
6. I acknowledge receipt of the following:  Fact Sheet (DHS-Pub-867)

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Parent Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Witnessed by \_\_\_\_\_  
Name (type or print)

on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ , at \_\_\_\_\_  
Date Agency and Address

\_\_\_\_\_  
Signature

IF A NOTARY IS AVAILABLE: Notary Public

Subscribed and sworn to before me on \_\_\_\_\_, \_\_\_\_\_  
Date County and State

My commission expires: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date

\_\_\_\_\_  
Name (type or print)

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