



DEPARTMENT OF CHILDREN'S SERVICES
CONFIRMATION OF PARENTAL CONSENT FILED
WITH ADOPTION PETITION PURSUANT TO T.C.A. § 36-1-117(g) AND
FOR OBTAINING ORDER OF GUARDIANSHIP PURSUANT TO
T.C.A. § 36-1-111(o) & (r)

PART I

A. PRE-CONFIRMATION INFORMATION

The following information is required by Tennessee Code Annotated §§ 36-1-117(g) and 36-1-111(k) and must be obtained under oath by the court prior to entry of an order pursuant to T.C.A. § 36-1-117(g) confirming the parental consent filed with the adoption petition.

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

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 or to the agency conducting the adoptive home study, or 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, I understand 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

Date

Type

Paid	To Whom	By Whom	Received/Paid	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, please describe property, who currently owns the property, the time and circumstances under which the child becomes owner and give the property value:

12. a. Do you currently have:

Only legal custody of the child? Yes No

Only physical custody of the child? Yes No

Both legal and physical custody of the child? Yes No

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. Have you given custody of the child 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

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

b. If not, do you desire to consult with legal counsel prior to the confirmation of your parental consent for the adoption of this child? Yes No

15. Do you understand that if the court confirms the parental consent executed by you in the adoption petition concerning the above-named child that you will have no right to act as parent of the above-named child in any manner whatsoever forever, and that the child will become the legal child of other persons? Yes No

16. a. Do you understand that you may revoke or cancel the parental consent you previously gave for the adoption of the above-named child in the adoption petition by signing a paper called a Revocation of Parental Consent before the judge who is here today? Yes No

b. Do you wish to revoke or cancel your parental consent? Yes No

c. Do you understand that if you do sign the Revocation of Parental Consent, the prospective adoptive parents will be required to return 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 allow the above-named child to be adopted by the prospective adoptive parents? Yes No

FURTHER, AFFIANT SAITH NOT.

This the ____ day of _____ 20____.

Signature: Biological ___ Legal ___ Mother _____
Biological ___ Legal ___ Father _____ of

Name of Child

Sworn to and subscribed before me this the ____ day of _____, 20____.

Please Print: _____
__Chancellor, __Circuit Judge
of _____ County, Tennessee

Signature: _____
Chancellor, Circuit Judge

B. AFFIDAVIT OF COMPLIANCE BY PROSPECTIVE ADOPTIVE PARENT(S)
T. C. A. §§ 36-1-111(k) (m) (o) and(r) (6) (A) and 36-1-117 (g)

NOTE: The information in Part B must be obtained prior to the entry of an order of guardianship based on a parental consent executed in an adoption petition by unrelated persons and may be obtained prior to and separately from Part A in order to obtain the order of guardianship. See T.C.A. § 36-1-111(o).

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 Place of Birth _____
d. Prospective Adoptive Mother's Marital Status _____
2. a. I am _____, Prospective Adoptive Father.
b. Prospective Adoptive Father's Date of Birth _____
c. Prospective Adoptive Father's Place of Birth _____
d. Prospective Adoptive Father's Marital Status _____

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 PARENTAL CONSENT CAN BE THE BASIS FOR AN ORDER OF GUARDIANSHIP BY THE COURT. T. C. A. § 36-1-111(o):

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 ORDER OF CONFIRMATION AND ORDER OF GUARDIANSHIP IS ENTERED BY THE COURT. T. C. A. § 36-1-111 (m), (o):

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 consenting 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 or the Placement of Children. Not Applicable.

b. If not, how will it be effected?

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
of _____ County,
Tennessee

***See Notes Below Before
Signing**

Signature: _____
Chancellor or Circuit Judge

NOTES TO THE COURT:

1. Please see T. C. A. § 36-1-102(13), 36-1-111 and 36-1-117(g) for the use of parental consents.
2. A separate medical/social history form for the child, the child’s parent(s), and biological relative, must be completed under oath prior to entry of the Order Of Confirmation. 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 entry of the Order of Full or Partial Guardianship and prior to entry of the Order of Confirmation. T. C. A. § 36-1-111(k), (m) and (o).
4. The parental consent is not sufficient to vest custodial or guardianship authority with the prospective adoptive parent(s). T. C. A. § 36-1-111(r) (2). Upon satisfactory completion of the above necessary requirements and execution of Part B. in the Pre-Confirmation Form of Part I by the prospective adoptive parent(s), the court may enter an order of Full or Partial Guardianship for the Prospective Adoptive Parent(s). T. C. A. § 36-1-111(r)(6)(C). This should be done within thirty (30) days of the execution of the Parental Consent. 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 filing of the parental consent, the court shall, if the parental consent 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 parent(s) by a licensed child-placing agency, a licensed clinical social worker, or if the prospective adoptive parent(s) are indigent under Federal

Poverty Guidelines, by the Tennessee Department of Children's Services. The home study shall be returned to the court within sixty (60) days. T.C.A. § 36-1-111(t).

NOTES TO THE CLERK:

1. Certified copies of Parts I and II should be given to the parent(s) executing the parental consent and to the prospective adoptive parent(s). These copies shall be certified on the page following Part II.
2. The originals shall remain in the court file.
3. Certified copies of Part I, II and III should be sent to: Adoption Unit, Tennessee Department of Children's Services, 436 Sixth Avenue North., Nashville, TN 37243-1290. Please provide certification on pages following Parts II and III.

PART II

IN THE _____ COURT FOR _____ COUNTY

IN THE MATTER OF: _____

)
)
)

NO. _____

ORDER OF CONFIRMATION OF PARENTAL CONSENT

This matter came to be heard on the _____ day of _____, 20____, before the Honorable _____, Judge of the _____, Court of _____, County, Tennessee upon the adoption petition filed by _____ (Prospective Adoptive Parent(s)) which contains a parental consent executed pursuant to T. C. A. 36-1-117(g).

The parent _____ (Name of Parent Signing Petition) who signed the adoption petition for the purpose of giving consent to the adoption of _____ (Name of Child) having completed Part I of the Forms for Confirmation of Parental Consent and the court being satisfied that he/she freely and voluntarily consents to the adoption of _____ (Name of Child) by _____ (Name(s) of Prospective Adoptive Parents),

IT IS, THEREFORE, ORDERED THAT:

1. The parental consent of _____ (Name of Parent) in the Petition for Adoption filed in the above-styled matter is confirmed by the court.
2. The parental rights of _____ (Name of Parent Giving Consent) are, pursuant to T. C. A. 36-1-111(r), hereby forever terminated.

Enter this _____ day of _____, 20 ____.

CHANCELLOR OR JUDGE

CERTIFICATION

I, _____, Clerk of the _____
Court for _____ County, Tennessee, hereby certify the foregoing
copies of Parts I and II of the Parental Consent 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 SIXTH 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 INSURE 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. ρ

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

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 _____

Sworn to and subscribed to before me this _____ day of _____, 20____.

 Notary Public

My commission expires _____.

Please Print: _____
 ___Chancellor ___Circuit Judge
 of _____ County, Tennessee

Signature _____
 Chancellor or Circuit Judge

CERTIFICATION

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

Clerk of the _____ Court of
_____ County, Tennessee

(Seal)

3. A certified copy of the revocation shall be attached to a certified copy of 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
State Office
Adoption Services
436 Sixth Avenue North
Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

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

CERTIFICATION

I, _____, Clerk of the _____ Court of
_____ County, Tennessee, certify the foregoing copy of the Revocation of
Parental Consent to be a true and accurate copy of the Revocation of Parental Consent executed before this
Court.

Clerk of the _____ Court of
_____ County, Tennessee

(Seal)