

State of Illinois
Department of Children and Family Services

**FINAL AND IRREVOCABLE SURRENDER TO AN AGENCY FOR PURPOSES OF ADOPTION OF
A BORN CHILD**

I, _____, mother-father
of _____, a _____ male child, state:

That such child was born on _____, at _____ M
in _____.
(City and State)

That I reside at _____,
County of _____, and State of _____.

That I am of the age of _____ years.

That I do hereby surrender and entrust the entire custody and control of such child to the State of Illinois, Department of Children and Family Services, a public child welfare agency with its principal office in the City of Springfield, County of Sangamon, and State of Illinois, for the purpose of enabling it to care for and supervise the care of such child, to place such child for adoption and to consent to the legal adoption of such child.

That I hereby grant to said Department through its authorized agency, the Guardianship Administrator, full power and authority to place such child with any person or persons it may in its sole discretion select to become the adopting parent or parents and to consent to the legal adoption of such child by such person or persons; and to take any and all measures which, in the judgment of said Agency, may be for the best interests of such child, including authorizing medical, surgical and dental care and treatment including inoculation and anesthesia for such child.

That I wish to and understand that by signing this surrender, I do irrevocably and permanently give up all custody and other parental rights I have to such child.

THAT I UNDERSTAND I CANNOT UNDER ANY CIRCUMSTANCES, AFTER SIGNING THIS SURRENDER, CHANGE MY MIND AND REVOKE OR CANCEL THIS SURRENDER, OR OBTAIN OR RECOVER CUSTODY OR ANY OTHER RIGHTS OVER SUCH CHILD.

That I have read and understand the above and I am signing it as my free and voluntary act.

Dated this _____ day of _____, _____, at
_____ M.

(WITNESS)

DCFS is an equal opportunity employer, and prohibits unlawful discrimination in all of its programs and/or services.

CERTIFICATE OF ACKNOWLEDGMENT

State of)
)
) SS
)
County of)

I, _____, a
Representative of the Department of Children and Family Services of the State of Illinois, at its
_____ office do hereby certify that _____,
personally known to me to be the same person whose name is subscribed to the foregoing surrender,
appeared before me this day in person and acknowledged that _____ he signed and delivered such surrender
as h_____ free and voluntary act, for the specified purpose.

I HAVE FULLY EXPLAINED THAT BY SIGNING SUCH SURRENDER _____ HE IS
IRREVOCABLY RELINQUISHING ALL PARENTAL RIGHTS TO SUCH CHILD AND _____ HE HAS
STATED THAT SUCH IS
H_____ INTENTION AND DESIRE.

In Witness Whereof, I have hereunto affixed my signature this _____ day of _____,
_____.

State of)
)
) SS
)
County of)

I, Notary Public, in and for said County and State, do hereby certify that _____
personally known to me to be the same person whose name is subscribed to the foregoing Certificate of
Acknowledgment, appeared before me in person this date and acknowledged that _____ he signed such
certificate as h_____ free and voluntary act and that the statements made in said certificate are true.

Given under my hand and notarial seal this _____ day of _____, _____.

(Seal)

(Notary Public)

My commission expires:
