



Tennessee Department of Children's Services

# **SURRENDER IN TENNESSEE OF A CHILD TO TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR A LICENSED CHILD-PLACING AGENCY BY A PARENT OR GUARDIAN IN TENNESSEE**

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

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

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

Being duly sworn according to law, affiant would state:

1. I am:

<input type="checkbox"/>	Mother	_____	(Date of Birth)	_____
<input type="checkbox"/>	Father	_____	(Date of Birth)	_____
<input type="checkbox"/>	Guardian	_____	(Date of Birth)	_____

2. Child's Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Child's Sex \_\_\_\_\_

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: \_\_\_\_\_

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Distribution: Child's Record, Court Record, Parent



(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? Yes ☐ No ☐ If no, go to #7.

a. 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. Will this child be sent out of Tennessee to another state for adoption? Yes ☐ No ☐  
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 #10.

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:

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

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: \_\_\_\_\_

Custody: ☐ Legal, ☐ Physical, or ☐ Legal and Physical

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.

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- b. There is counseling available to you 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 ☐

FURTHER, AFFIANT SAITH NOT.

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

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

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

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

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

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

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

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

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

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

Being duly sworn according to law, affiant would state:

I am \_\_\_\_\_, representative of:  
☐ Tennessee Department of Children's Services, \_\_\_\_\_ County Office, OR  
☐ \_\_\_\_\_ a licensed child placing agency with offices at:

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1. The following costs have been paid or promised by \_\_\_\_\_ 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:

2. I certify on behalf of the Tennessee Department of Children's Services, or the licensed child placing agency:

- ☐ My agency has physical custody of the child; or  
☐ My agency has the right to receive physical custody of the child from the surrendering parent or guardian within five (5) days of this surrender; or  
☐ My agency has the right to receive physical custody of the child upon his or her release from a hospital or health care facility, or:  
☐ Another person or agency currently has physical control of the child. The affidavit of that person or agency, as 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), is attached to this form.

3. 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 ☐

If yes, who will be responsible for preparing and submitting the ICPC package?

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(Remainder of this page intentionally left blank)

FURTHER AFFIANT(S) SAITH NOT.

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

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

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

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

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

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

\_\_\_\_\_

## **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 ☐ mother ☐ father ☐ possible father ☐ guardian.

I surrender my parental rights to and request that this Court give guardianship to a licensed child placing agency or The Tennessee Department of Children's Services, and expect and intend the agency to place the child for adoption with an appropriate family.

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 I do not have my own lawyer, I understand that I am free to go obtain my own lawyer and this surrender process will stop until I have done so, or I may continue without my own lawyer at this time. The judge or other officiant has also advised me that I have the right to a lawyer.

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.

(Remainder of this page intentionally left blank)

*Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.  
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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 Official 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 and the surrendering party's Social and Medical History Form 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 Official's Signature \_\_\_\_\_

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

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

## **ACCEPTANCE BY AGENCY**

I, \_\_\_\_\_, certify on behalf of  
☐ the licensed child-placing agency, \_\_\_\_\_ : or  
☐ the Tennessee Department of Children's Services  
hereby accept the surrender of \_\_\_\_\_ (child)  
from \_\_\_\_\_ (surrendering party) and expect and intend to place this child  
for adoption with an appropriate family. The undersigned agency has physical custody of this child or will have  
physical custody upon discharge of this child from a healthcare facility. The undersigned agency agrees to  
assume responsibility for obtaining guardianship of the surrendered child through a court order within thirty  
(30) days of the date of the surrender. The undersigned agency agrees to be responsible for the care, custody,  
financial support, medical care, education, moral, and spiritual training of this child, pending an adoption.

The Accepting Party's Pre-Acceptance Information Form has been completed. The information provided in that  
form is true to the best of my knowledge.

The Accepting Party's Pre-Acceptance Information Form has been completed. The information provided in that  
form is true to the best of my knowledge.

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

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

\_\_\_\_\_  
Title

### **Judge or Officiant Attestation**

I interviewed the accepting party and witnessed execution of the foregoing acceptance.  
The Accepting Party's Pre-Acceptance Information Form is 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  
party 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: \_\_\_\_\_

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

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

Being duly sworn according to law, affiant would state:

1. I am:

- ☐ Mother \_\_\_\_\_  
☐ Father \_\_\_\_\_  
☐ Guardian \_\_\_\_\_

2. Child's Name \_\_\_\_\_  
Child's Date of Birth \_\_\_\_\_  
Child's Place of Birth \_\_\_\_\_  
Child's Sex \_\_\_\_\_  
Child's Race \_\_\_\_\_

3. On (Date) \_\_\_\_\_, I executed a surrender of my parental or guardianship rights to the child named in #2 to:

- ☐ Licensed Child-Placing Agency \_\_\_\_\_  
☐ 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.

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

Signature: \_\_\_\_\_

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

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

Legal Guardian: \_\_\_\_\_

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

This revocation was received by me on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Please Print: \_\_\_\_\_

Signature: \_\_\_\_\_

(Judge or Officiant)

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Tennessee Department of Children's Services

## Request for Redaction Introduction

I am the biological parent of the adopted person and the adopted person is less than 6 months old, at the time of this request for redaction is executed.

I understand that identifying information regarding me may be requested by certain 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 source.

I **DO NOT** wish for my identifying information to be shared and request that my identifying information be redacted from the sealed records, sealed adoption records, and post-adoption records before the release to eligible persons.

I understand that I may rescind this request by submitting a written, sworn, notarized, statement requesting such rescission [T.C.A §36-1-127(e)(3)] to:

**POST ADOPTION SERVICES UNIT  
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES  
UBS Tower, 9th FLOOR  
315 Deaderick Street  
NASHVILLE, TENNESSEE 37243**

\_\_\_\_\_  
Biological Parent's Printed Name

\_\_\_\_\_  
Biological Parent's Signature

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

\_\_\_\_\_  
Notary Public



Tennessee Department of Children's Services

# Redaction Application

## Section 1: Information About You

Your Present Last Name:				Your Relationship To Adopted Child					
Your Maiden Name									
Your Previous Last Names									
Your First & Middle Name									
Your Date of Birth		Your Place of Birth							
		County			City			State	
Your Mailing Address									
		City			State			Zip Code	
Your Telephone Numbers		Home/Cell				Business			
		Area Code		Number		Area Code		Number	

## Section 2: Information About Adopted Person

*(If you do not know an answer, please write "Unknown" in the blank)*

Last Name of Child (Before Adoption)							
First and Middle Names of Child						Sex of Child: <input type="checkbox"/> F <input type="checkbox"/> M	
Child's Date of Birth		Child's Place of Birth					
		County			City		
Full Name of Child's Birth, Legal or Alleged Father:							
Full Name of Child's Birth Mother:							

**Please make a copy for the biological parent upon completion and place the original copy with the completed surrender packet.**

<b>OFFICIAL USE ONLY</b>					
Received Request for Redaction in DCS Post Adoption Services Unit	Day		Month		Year
Received Revocation of Request for Redaction	Day		Month		Year
Authority: T.C.A. § 36-1-127(e)(3); Section 13 of Public Chapter 1079 (1996); Public Chapter 1068 (1996); Public Chapter 1054 (1996), T.C.A. §§ 36-1-101 et seq.					