



Tennessee Department of Children's Services

# **SURRENDER OF CHILD BY A PARENT OR GUARDIAN IN ANOTHER STATE OR TERRITORY DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS**

## **PART I**

### **PRE-SURRENDER INFORMATION**

The following information is required by Tennessee Cod Annotated § 36-1-111 and must be obtained under oath by the Court prior to execution of the surrender in PART II by the parent or legal guardian:

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(f).

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

Being duly sworn according to law, affiant would state:

1. I am:

☐ Mother \_\_\_\_\_ (Date of Birth) \_\_\_\_\_, or  
☐ Father \_\_\_\_\_ (Date of Birth) \_\_\_\_\_, or  
☐ Legal Guardian \_\_\_\_\_ (Date of Birth) \_\_\_\_\_, of

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: \_\_\_\_\_

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Child Record, Court Record, Parent

(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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ and

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, to the agency conducting the adoptive home study, or to the attorney for the prospective adoptive parents.

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

2

Distribution: Child Record, Court Record, Parent

RDA 11016

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, give name of state or country. \_\_\_\_\_

c. If yes, Tennessee law will govern the interpretation of this surrender.

10. 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 #11.

If yes, please complete the following:

Amount Paid	To Whom	By Whom	Date Received/Paid	Type Service/Cost

11. a. Does the child own any real or personal property? Yes ☐ No ☐. If yes, please describe 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 ☐

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

3

Distribution: Child Record, Court Record, Parent

RDA 11016

If yes, 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 \_\_\_\_\_

13 a. Are you aware there may be state assistance- money, classes, health insurance, food aid and such, available to help you if you parent the child yourself? Yes ☐ No ☐

b. Are you aware there is counseling available if you want to talk to a counselor about your choice before you sign a surrender form? Yes ☐ No ☐

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

b. If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes ☐ No ☐

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

4

Distribution: Child Record, Court Record, Parent

RDA 11016

15. Do you understand that if you sign the following surrender of the above-named child that you will have no right to act as parent of the child in any manner whatsoever forever, that your rights and responsibilities to and with the child will be terminated and that the child will become the legal child of other persons? Yes ☐ No ☐
16. a. If you sign the surrender of the above-named child, do you understand that within three (3) days from the date you sign the surrender, you may revoke or cancel this surrender by signing a paper called a REVOCATION OF SURRENDER before the judge who is here today, or his or her successor? Yes ☐ No ☐
- b. By signing the surrender of the above named child on this date (Mo/Day/Yr) \_\_\_\_\_, the period of revocation of the surrender will begin on the day following the signing of the surrender, or (Mo/Day/Yr) \_\_\_\_\_. The revocation period is three (3) calendar days and will expire on the third (3<sup>rd</sup>) day or (Mo/Day/Yr) \_\_\_\_\_. If the third (3<sup>rd</sup>) day falls on a Saturday, Sunday, or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday. If this is the situation in this case, that date will be (Mo/Day/Yr) \_\_\_\_\_. Do you understand this? Yes ☐ No ☐
17. Knowing the above, do you freely, voluntarily and without duress or pressure by any other person(s) desire to surrender the above-named child so that the child may be placed for adoption and adopted by the prospective adoptive parents? Yes ☐ No ☐

FURTHER, AFFIANT SAITH NOT.

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

**Signature:** Biological \_\_\_\_ Legal \_\_\_\_ Mother \_\_\_\_\_  
 Biological \_\_\_\_ Legal \_\_\_\_ Father \_\_\_\_\_  
 Legal Guardian of \_\_\_\_\_ of

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

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

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

\_\_Chancellor, \_\_Judge of a Court of Record of the  
\_\_\_\_\_ Court of \_\_\_\_\_,

County or Parish, of \_\_\_\_\_, \_\_\_\_\_  
(State or Territory) (City)

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

Chancellor Or Judge Of Court Of Record Named Above

**OR BY A CLERK OF A COURT OF RECORD**

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

Name Of Clerk Of Court Of Court of Record Of The: \_\_\_\_\_

Court Of \_\_\_\_\_, County Or

Parish Of \_\_\_\_\_,

(State or Territory)

(City)

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

Clerk of Court of Record

## PART II

### A. SURRENDER BY PARENT OR GUARDIAN IN ANOTHER STATE OR TERRITORY DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS

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
  - c. ☐ Legal Guardian \_\_\_\_\_ (Date of Birth) \_\_\_\_\_, 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. I understand that by my signature to this document, all of my parental or guardianship rights to the child named above will be forever terminated and ended; that this child will be adopted by \_\_\_\_\_ [Name(s) of prospective adoptive parent(s)], and that I will have no further right to see this child, or to act as parent of this child, or to otherwise be involved in the life of this child.
4. I understand that by signing this document, I will not be entitled to any notice, legal or otherwise, of any other legal proceedings for the adoption of my child by other persons.
5.
  - a. I have read and fully understand Part I of this document and fully understand that if I change my decision to surrender this child I must do so by \_\_\_\_\_ (Date from # 16b. of Part 1) by presenting the Revocation of Surrender Form, attached to this document, to the judge who is conducting this proceeding, or his or her successor.
  - b. By my signature to this part, I acknowledge receipt of a copy of the Revocation of Surrender form.
6. I FREELY AND VOLUNTARILY, WITHOUT DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR Guardianship Rights to: \_\_\_\_\_  
(Child's Name)
  - a. Prospective Adoptive Mother \_\_\_\_\_
  - b. Prospective Adoptive Father \_\_\_\_\_

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Child Record, Court Record, Parent

RDA 11016

CS-0652, Rev. 7/23

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

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

**Signature:** \_\_\_\_\_  
Chancellor or Judge of Court of Record Named Above

**Signature:** \_\_\_\_\_  
Clerk of Court Of Record



**kidcentral tn**  
KIDCENTRALTN.COM



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.  
 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: \_\_\_\_\_

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Child Record, Court Record, Parent

RDA 11016

## **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:

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?

---

(Remainder of this page intentionally left blank)

FURTHER AFFIANT(S) SAITH NOT.

*Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.*

*Distribution: Child Record, Court Record, Parent*

*RDA 11016*

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: \_\_\_\_\_

*Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.*

*Distribution: Child Record, Court Record, Parent*

*RDA 11016*

## 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 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.*

*Distribution: Child Record, Court Record, Parent*

*RDA 11016*

8

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 Officiant 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 Officiant's Signature \_\_\_\_\_

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

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

*Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.*

*Distribution: Child Record, Court Record, Parent*

*RDA 11016*

## **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: \_\_\_\_\_

*Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.*

*Distribution: Child Record, Court Record, Parent*

*RDA 11016*

## **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)

*Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.*

*Distribution: Child Record, Court Record, Parent*

*RDA 11016*



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		State
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.					