



Tennessee Department of Children's Services

**SURRENDER TO A LICENSED CHILD-PLACING AGENCY OR THE
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
BY AN INMATE OF A STATE OR FEDERAL CORRECTIONAL
FACILITY**

**PART I
PRE-SURRENDER INFORMATION**

The following information is required by Tennessee Code Annotated § 36-1-111(b)(4) and must be obtained under oath by the Warden, Deputy Warden, or notary public 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 Warden, Deputy Warden, or notary public shall require the persons executing these documents to satisfactorily prove their identity prior to executing the surrender or consent. 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.

a. Child's Name _____
b. Child's Date of Birth _____
c. Child's Place of Birth _____
d. Child's Sex _____
e. Child's Race _____ a.

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: _____

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(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 ☐

6. The whereabouts is unknown for the other:

a. Legal parent Yes ☐ No ☐

b. Biological parent Yes ☐ No ☐

c. Legal guardian 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 Department of Children's Services or the Licensed Child-Placing Agency to whom the above child is being surrendered.

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.

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- 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, 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 the property owned and give the property value:

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- b. Is it expected that the child will become possessed of any real or personal property? Yes ☐ No ☐
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: _____

- f. Do you intend to give custody to the licensed child placing agency or the Tennessee Department of Children's Services? Yes ☐ No ☐

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 ☐

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- c. Has such counseling been made available to you? Yes ☐ No ☐
14. a. Are you aware you can talk to a lawyer who only represents you, if you want to, before you sign a surrender form? Yes ☐ No ☐
- b. Do you want to consult with or be represented by a lawyer before you sign this surrender? Yes ☐ No ☐
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 Warden, Deputy Warden, or notary public 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 (3rd) day or (Mo/Day/Yr) _____. If the third (3rd) 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 ☐
- c. Do you understand that if you do sign the Revocation of Surrender form within the three (3) day period, the prospective adoptive parents will be required to return the child, if you currently have custody of 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 surrender the above-named child so that the child may be placed for adoption and adopted by other persons? Yes ☐ No ☐

(Remainder of this page intentionally left blank)

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FURTHER, AFFIANT SAITH NOT.

This the ____ day of _____ 20____.

Signature: Biological ____ Legal ____ Mother _____

Biological ____ Legal ____ Father _____

Legal Guardian _____

of _____
(Name of Child)

Print Name: _____

Warden/Deputy Warden of _____

Correctional Facility Located at _____
(City, County and State of Facility)

Signature: _____
Warden/Deputy Warden

(A notary is necessary ONLY if information on this form is not reviewed by and acknowledged before the Warden or Deputy Warden of the correctional facility)

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

Notary Public

My Commission Expires: _____

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PART II

A. SURRENDER OF A CHILD BY A PARENT OR GUARDIAN INCARCERATED IN A STATE OR FEDERAL PENITENTIARY TO THE DEPARTMENT OF CHILDREN'S SERVICES OR A LICENSED CHILD-PLACING AGENCY

STATE OF _____)
COUNTY OF _____)

Being duly sworn according to law, affiant would state:

I, (full name of surrendering party) _____, born (surrendering party 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 (city, state of child's birth) _____.

I am this child's Mother ☐ Father ☐ Possible Father ☐ Guardian ☐

I surrender my parental or guardianship rights to and request the 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 that I should only sign this form if I want my parental or guardianship rights terminated. If I want to talk to my own lawyer before I sign this form, I should tell the Warden/Deputy Warden or notary public now and this surrender process will stop until I talk to my lawyer and 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 I should tell the Warden/Deputy Warden or notary public about that before I sign this form. The Warden/Deputy Warden or notary public will not allow me to be forced to sign this surrender.

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.

I know that 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 _____ (Date from # 16b. of Part I). To revoke, I must sign the Revocation of Surrender Form, attached to this document, before the Warden, Deputy Warden, or notary public who is conducting this proceeding, or his or her successor.

By my signature to this part, I acknowledge receipt of a copy of the Revocation of Surrender form.

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.

By signing below, I voluntarily terminate my parental rights and surrender my child to ☐ the Tennessee Department of Children's Services, or ☐ _____ a licensed child-placing agency.

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FURTHER AFFIANT SAITH NOT.

This the ____ day of _____, 20____.

Signature: Biological__ Legal__ Mother _____
 Biological__ Legal__ Father _____
 Legal Guardian _____

Warden, Deputy Warden, or Notary Public 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 Affidavit, and the surrendering party's Social and Medical History Form and Affidavit are attached to this form.

This the _____ day of _____, 20____.

Print Name: _____
Warden/Deputy Warden of _____
Correctional Facility Located at _____
 (City, County and State of Facility)

Signature: _____
 Warden/Deputy Warden

(A notary is necessary ONLY if information on this form is not reviewed by and acknowledged before the Warden or Deputy Warden of the correctional facility)

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

Notary Public

My Commission Expires: _____

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NOTES TO WARDEN OR OTHER PERSONS AUTHORIZED TO TAKE THE SURRENDER IN PART II, SECTION A:

1. A separate medical/social history form for the child, the child's parent(s) and biological relatives must be completed under oath prior to execution of the surrender. T. C. A. § 36-1-111(a)(4).
2. Part I, and Part II, Section B must be completed prior to your signing of the Surrender in Part II, Section A. T.C.A. § 36-1-111(j).
3. Certified copies of Parts I and II must be given or sent to the person(s) executing the surrender and to the licensed child-placing agency or the Tennessee Department of Children's Services. Please certify copies of Parts I and II on the page following Part II. T.C.A. 36-1-111(m)(1).
4. The original of the Surrender forms shall be maintained in a separate secure file in the office of the warden designated for that purpose, which shall be confidential and shall not be inspected by anyone else without the written approval of a court with domestic relations jurisdiction where the file is maintained. After ten (10) days from the date of surrender, the original shall be sent to state office Adoption Services, Tennessee Department of Children's Services, at the address below and a copy shall be maintained by the warden. T.C.A. § 36-1-111(m)(2)(B).

NOTES TO THE COURT IN TENNESSEE WHERE THE SURRENDER IS FILED:

1. Pursuant to T.C.A. 36-1-111(n)(1) the surrender must be filed in the Chancery, Circuit, or Juvenile Court where the child resides or, pursuant to T.C.A. 36-1-111(n)(3), in the court which placed custody with the LCPA or the Tennessee Department of Children's Services, within fifteen (15) days of the actual receipt of the Surrender.
2. Unless prior court orders establish custody or guardianship, the surrender itself is not sufficient to vest custody or guardianship authority with the Licensed Child-Placing Agency (LCPA) or the Tennessee Department of Children's Services. T.C.A. 36-1-111(o)(2)(A) Upon execution of Part I and Part 2, Section A of the surrender and compliance with Part II, Section B the court shall contemporaneously enter an Order of Full or Partial Guardianship for the LCPA or the Tennessee Department of Children's Services. T.C.A. 36-1-111(o)(6)(C). An order of guardianship shall be obtained within thirty (30) days of the filing of the surrender. T.C.A. § 36-1-111(q)(1).

NOTES TO THE CLERK IN TENNESSEE:

1. The original surrender shall be entered on a special docket for surrenders and shall be styled "In Re:-(Child's Name)," and shall be permanently filed by the court in a separate file for that purpose, and shall be confidential and shall not be inspected by anyone else without written approval of the court. T.C.A. § 36-1-111(m)(2).
2. Within five (5) days of the filing of the surrender in Tennessee, a certified copy of Parts I and II filed with this court shall be sent, without cost, to: Adoptions Services, Tennessee Department of Children's Services, 315 Deaderick Street, Nashville, TN 37243. T.C.A. § 36-1-111(m) (1) and (2). Please Certify the copies on the page following the certification given by the Warden/Notary Public.

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PART II

B. ACCEPTANCE OF SURRENDER BY TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR A TENNESSEE LICENSED CHILD-PLACING AGENCY.

STATE OF _____)
COUNTY OF _____)

Being duly sworn, affiant(s) would state:

1. I, _____ (Print Name), am an authorized representative of:
☐ Licensed Child-Placing Agency _____; or
☐ _____ County Tennessee Department of Children's Services.

Upon execution of Part I and Part II, Section A by the parent or guardian named therein before the Warden, Deputy Warden, or notary public named therein, accept the surrender of:

Name of Child _____

DATE: _____

Please Print: _____
Name and Title of Authorized Representative

Signature: _____
Signature of Authorized Representative

SUBSECTIONS 2a.-2d MUST BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THESE SUBSECTIONS MUST EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE WARDEN:

2. I, _____ certify on behalf of:
Licensed Child-Placing Agency _____ (Name of Agency); or the
Tennessee Department of Children's Services:
- ☐ That my agency has physical custody of the child; or
 - ☐ That my agency has the right to receive physical custody of the child from the surrendering parent or guardian within five (5) days of the date 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 has physical custody of the child. The affidavit of that 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 an order of guardianship pursuant to § 36-1-111(o) has been attached to the acceptance at this time.

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SUBSECTIONS 3. AND 4. MUST BE ANSWERED "YES" OR "NOT APPLICABLE" BEFORE THE SURRENDER IS COMPLETED BY THE Warden.

3. Yes ☐ No ☐ The Indian Child Welfare Act, 25 U.S.C. § 1901 et seq., applies because of the child's Native American heritage, and there has been compliance with the ACT. ☐ Not Applicable
4. Yes ☐ No ☐ **(Licensed Child Placing Agency only)** I have presented to the court a copy of the Interstate Compact on the Placement of Children Form 100A for a child brought into Tennessee for adoption or foster care. If the ICPC Form 100A is not available, explain why this is not required:

☐ Not Applicable.

FURTHER AFFIANT(S) SAITH NOT

This ___ day of _____, 20__.

Please Print: _____

Name and title of authorized representative of Tennessee Department of Children's

Signature: _____

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

NOTARY PUBLIC

My commission expires: _____.

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CERTIFICATION OF PART I AND II BY WARDEN, DEPUTY WARDEN, OR NOTARY PUBLIC

I, _____ (Name), _____ (Title) of the
_____ (Name of Correctional Facility) located at
_____ (Location of Facility) hereby certify that the foregoing
copies of Parts I and II of the Surrender Forms are true and accurate copies of the documents executed before me.

This ____ day of _____, 20 ____.

Signature of Authorized Individual

(Name of Correctional Facility)

CERTIFICATION OF TENNESSEE CLERK

I, _____, Clerk of the _____ Court of _____
County, Tennessee, certify the foregoing copies of Parts I and II of the Surrender Forms to be true and accurate
copies of the documents filed with this Court.

Signature
Clerk of the _____ Court of
_____ County, Tennessee

(Seal)

Always check the "Forms" Website for most current version. This form may not be altered.

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PART III
REVOCATION OF SURRENDER BY A PARENT OR GUARDIAN

STATE OF TENNESSEE

COUNTY OF _____)

Being duly sworn according to law affiant would state:

1. I am:

☐ Mother _____ or
☐ Father _____ or
☐ Legal Guardian _____ of

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:

(Warden or Deputy Warden of State or Federal Penitentiary, or Notary Public)

(Name of Facility and Location)

5. I hereby revoke the surrender of the above-named child.

FURTHER, AFFIANT SAITH NOT.

This the ____ day of _____, 20__.

Signature: Biological ____ Legal ____ Mother _____
Biological ____ Legal ____ Father _____
Legal Guardian: _____

Warden, Deputy Warden, or Notary Public Attestation

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This Revocation of Surrender was reviewed, executed, and received by me on the ____ day of _____, 20____.

Please Print: _____

Warden of State or federal Penitentiary or Authorized Individual

Name of Facility and Location

Signature (See notes below): _____

Warden or Deputy Warden

(A notary is necessary ONLY if information on this form is not reviewed by and acknowledged before the Warden or Deputy Warden of the correctional facility)

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

NOTARY PUBLIC

My commission expires _____

NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:

1. Surrenders taken before the warden or deputy warden of a state or federal correctional facility where there is no authorized successor to the person who received the surrender, or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1)(B) and (a)(1)(E).
2. The surrender must be revoked within three (3) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1)(A). The revocation period will begin on the day following the signing of the surrender and will expire on the third (3rd) day. If the third (3rd) 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.
3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services, or the licensed child-placing agency to whom the child was surrendered. T.C.A. 36-1-112(b)(1)

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4. When the revocation is received, the Warden, Deputy Warden, or notary public before whom the revocation was executed shall attach a certified copy of the revocation to a certified copy of the surrender or petition for adoption containing the parental consent, and shall within three (3) days mail the copies of both documents by certified mail, return receipt requested, to:

Tennessee Department of Children's Services
Central Office
Adoption Services
315 Deaderick Street, 9th Floor
Nashville, TN 37243

T.C.A. 36-1-112(b)(2)(A)

5. If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services, state office and to the persons or agencies entitled to copies of the revocation.

T.C.A. § 36-112(b)(2)(B)

CERTIFICATION OF REVOCATION BY WARDEN, DEPUTY WARDEN, OR NOTARY PUBLIC

I, _____ (Name), _____ (Title) of the
_____ (Name of Correctional Facility) located at
_____ (Location of Facility) hereby certify that the foregoing
copy of the revocation of Surrender to be a true and accurate copy of the documents executed before me.

This ____ day of _____, 20 ____.

Signature of Authorized Individual

(Name of Correctional Facility)

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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 () - Area Code Number			Business () - 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.

OFFICIAL USE ONLY					
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.					