



Tennessee Department of Children's Services

SURRENDER TO PROSPECTIVE ADOPTIVE PARENTS IN A TENNESSEE COURT

PART I

PRE-SURRENDER INFORMATION

The following information is required by Tennessee Code 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 Place 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.

_____ and

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Distribution: Copies: Parts I and II -Person Executing the Surrender and to the Prospective Adoptive Parents

Part III - Person Executing the Surrender and to DCS

Original: Part IV Revocation of Surrender - Parent or Guardian at the time of surrender

CS-0937, Rev. 7/23



RDA 11016

Page 1

- 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, to the agency conducting the adoptive home study, or to 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 ☐

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2

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RDA 11016

- If yes, give name of tribe: _____
- c. Are you registered with a Native American tribe? Yes ☐ No ☐
If yes, give name of tribe: _____
- d. Is your child eligible for tribal membership? Yes ☐ No ☐
If yes, give name of tribe: _____
- e. Has your child been registered with a Native American tribe? Yes ☐ No ☐
If yes, give name of tribe: _____
- f. 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 Paid	To Whom	By Whom	Date Received/Paid	Type Service/Cost

- 11a. 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 yes, please describe property, who currently owns the property, the time and circumstances under which the child becomes owner and give the property value:

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3

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RDA 11016

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 ☐

g. Explain any other circumstances regarding the custody status of this child:

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. Do you desire counseling regarding such assistance which may be available to you or regarding other issues surrounding adoption or parenting from a social service agency or licensed counselor concerning the decision to place this child for adoption? Yes ☐ No ☐

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4

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RDA 11016

- c. Has such counseling been made available to you? 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 ☐
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 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 or clerk 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 Tennessee Department of Children's Services or licensed Child-Placing Agency 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 ☐

FURTHER, AFFIANT SAITH NOT.
This the ____ day of _____ 20____.

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

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5

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RDA 11016

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

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6

Distribution: Child Record, Court Record, Parent

RDA 11016

PART II

A. SURRENDER BY PARENT OR GUARDIAN DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS

STATE OF TENNESSEE)
COUNTY OF _____)

Being duly sworn 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. 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 I) 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 _____

FURTHER AFFIANT SAITH NOT.

This the ____ day of _____, 20____.

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RDA 11016

Signature:

Biological__ Legal__ Mother _____
Biological__ Legal__ Father _____
Legal Guardian _____

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

Please Print: _____

__Chancellor, __Judge of Court of Record of
_____ Court of _____ County or
Parish, of _____ at
(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 Record Of The _____
Court Of _____, County Or
Parish Of _____,
(State or Territory) (City)

Signature: _____

Clerk of Court Of Record

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RDA 11016

***See Note Below Before Signing**

NOTES TO COURT:

1. Please see T.C.A. § 36-1-110 and 36-1-111(b), (c), (d) and (e) for capacity to execute and receive surrenders and requirements for validity.
2. 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(j).
3. When applicable, as noted above, all provisions of Section B. must be completed as directed prior to acceptance of the surrender and before entry of an Order of Full or Partial Guardianship. T.C.A. § 36-1-111§ 36-1-111(j)and (l).
4. The surrender itself is not sufficient to vest custodial or guardianship authority with the prospective adoptive parents. T.C.A. § 36-1-111 (o)(2). Upon satisfactory completion of the above necessary requirements and execution of the Pre-Surrender Form in Part I and Section A. of Part II by the parent(s) or legal guardian, the Court may enter an Order of Full or Partial Guardianship for the Prospective Adoptive Parent. T. C. A. § 36-1-111(0)(4). This should be done within thirty (30) days of the execution of the surrender. T.C.A. § 36-1-111(q).
5. If a full home study of the prospective adoptive parent(s)' home has not been conducted within six (6) months of the date of the execution of this surrender, the court shall, if the surrender 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 parents by, a licensed child-placing agency, a licensed clinical social worker, or if the prospective adoptive parents are indigent under Federal Poverty Guidelines, to the Tennessee Department of Children's Services. The home study is to be returned to the court within sixty (60) days. See, T.C.A. § 36-1-111(p).

NOTES TO THE CLERK:

1. Certified copies of Parts I and II must be given to the person(s) executing the surrender and to the prospective adoptive parents. Costs of the copies may be taxed to the prospective adoptive parents. Certify these copies on the page following Part II. T. C. A. § 36-1-111(m).
2. The original 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 report file for that purpose, and shall be confidential and shall not be inspected by anyone else without the written approval of the court. T. C. A. § 36-1-111(m).
3. Within five (5) days of the execution of the surrender, a certified copy of Parts I and II shall be sent, without cost, to: Adoptions Unit, Tennessee Department of Children's Services, 436 Sixth Avenue North, Nashville, TN 37243-1290. T.C.A. § 36-1-111(m)(1) and (2).T. C. A. § 36-1-111(m). Please provide certifications on the pages following Parts II and III.

PART II

B. ACCEPTANCE OF SURRENDER BY PROSPECTIVE ADOPTIVE PARENTS

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 Marital Status _____
d. Prospective Adoptive Mother's Address _____

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

3. _____ agree to assume responsibility for obtaining guardianship of
(I, We) _____ through court order within thirty (30) days of the date of this surrender
(Name of Child)
[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 THE SURRENDER CAN BE RECEIVED BY THE COURT:

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10

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RDA 11016

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(o).

SUBSECTIONS 6-9 MUST BE ANSWERED “YES” OR MUST BE MARKED “NOT APPLICABLE” BEFORE THE SURRENDER IS COMPLETED BY THE COURT:

6. Yes ☐ No ☐ ☐ I/We have attached hereto 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 as required by Tennessee law.
7. Yes ☐ No ☐ ☐ I/We have attached the certificate of the completion of () legal/() social counseling if counseling was requested by the surrendering parent. See Items 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. a. Yes ☐ No ☐ ☐ If the child is to be removed from Tennessee for adoption in another state, there has been compliance with the Interstate Compact on the Placement of Children. ☐ Not Applicable.
- b. If not, how will it be affected?

FURTHER AFFIANT(S) SAITH NOT

This ____ day of _____, 20____.

Signature of Prospective Adoptive Parent

Signature of Prospective Adoptive Parent

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

Please Print: _____
____Chancellor, ____Circuit Judge, or ____Juvenile Court
Judge of _____ County,
Tennessee

Signature: _____
Chancellor, Circuit Judge, or Juvenile Court Judge

CERTIFICATION

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

Clerk of the _____ Court of
_____ County, Tennessee

(Seal)

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:

- a. Prospective Adoptive Parent(s) _____
b. Licensed Child-Placing Agency _____
c. Tennessee Department of Children's Services _____

4. The surrender was executed before: _____
(Name of Judge and Name of Court)

5. I hereby revoke and void 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: _____

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

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

Please Print: _____
____Chancellor, __Judge, or __ Clerk of Court of Record
of _____ County, State of

Signature (See notes below): _____
Chancellor, Judge, or Clerk of Court

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

1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and 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(b)(3).
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(b)(3). 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. See, T.C.A. § 36-1-112(m).
4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within five (5) days 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

See, T.C.A. § 36-1-112(m).

- b. Please provide the certification on the page following this Revocation form.
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 in #3 entitled to copies of the revocation. See, T.C.A. § 36-112(m).

CERTIFICATION

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

Clerk of the _____ Court of
_____ County, Tennessee

(Seal)



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.

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.					