

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

IN THE MATTER OF THE ADOPTION OF

CASE NO.: _____

{use name to be given to minor child(ren)} Adoptee(s).

CONSENT AND WAIVER BY PARENT

1. I, {full legal name} _____, am the {Choose only one}
_____ father **or** _____ mother of the minor child(ren) subject to this consent who is/are:

Child's Current Name	Gender	Birth Date	Birthplace <i>{city, county, state}</i>
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- a. _____
b. _____
c. _____
d. _____

2. I relinquish all rights to, custody of, and time sharing with this (these) minor child(ren),
{name(s)}

with full knowledge of the legal effect of the relative adoption and consent to the
adoption by the child(ren)'s relative whose name is: {Choose only one}

_____ {name} _____
_____ not required for my granting of this consent.

3. I understand my legal rights as a parent and I understand that I do not have to sign this
consent and release of my parental rights. I acknowledge that this consent is being given
knowingly, freely, and voluntarily. I further acknowledge that my consent is not given
under fraud or duress. I understand that there is a "grace period" in Florida during which
I may revoke my consent. If the child to be adopted is older than 6 months at the time of
consent, this grace period is for 3 business days. The term "business day" means any day
on which the United States Postal Service accepts certified mail for delivery. I understand

that, in signing this consent, I am permanently and forever giving up all my parental rights to and interest in this (these) minor child(ren) and that this consent may only be withdrawn if the Court finds it was obtained by fraud or duress. I voluntarily, permanently relinquish all my parental rights to this (these) minor child(ren).

4. I consent, release, and give up permanently, of my own free will, my parental rights to this (these) minor child(ren), for the purpose of relative adoption.
5. I waive any further notice of the relative adoption proceeding.
6. I understand that pursuant to Chapter 63, Florida Statutes, “an action or proceeding of any kind to vacate, set aside, or otherwise nullify a judgment of adoption or an underlying judgment terminating parental rights on any ground may not be filed more than 1 year after entry of the judgment terminating parental rights.”
7. I understand I have the right to choose a person who does not have an employment, professional, or personal relationship with the adoption entity or the prospective adoptive parents to be present when this affidavit is executed and to sign it as a witness. The witness I selected is: *{full legal name}*

_____.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this consent and waiver and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Parent:

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

Designated E-mail Address(es): _____

Signature of Witness:
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Driver's License No.: _____
State ID Card No.: _____

Signature of Witness:
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Driver's License No.: _____
State ID Card No.: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on *{date}* _____.

NOTARY PUBLIC or DEPUTY CLERK

*{Print, type, or stamp commissioned name of notary
or deputy clerk.}*

____ Personably known
____ Produced identification
Type of identification produced _____

I hereby acknowledge receipt of a copy or duplicate original of this executed **Consent and Waiver**.

Signature of Parent