

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

Court Name: _____

Case Name: Surrender of Parental Rights over _____

Case Number: _____
(if known)

SURRENDER OF PARENTAL RIGHTS

Of: Birth Mother Birth Father Legal Father
(RSA 170-B:5 through 170-B:12)

1. Name of parent surrendering rights _____
Telephone _____ City/town, state of residence _____
Mailing Address _____
Date of Birth _____ Place of Birth _____

2. Attorney for surrendering parent _____ Telephone _____
Mailing Address _____

3. Name of other parent _____
Telephone _____ City/town, state of residence _____
Mailing Address _____
Date of Birth _____ Place of Birth _____

4. Child Name _____
Date of Birth _____ Place of Birth _____

5. Is the child an Indian child as defined by the Indian Child Welfare Act? Yes No
If yes, name and address of tribe _____

Is tribe recognized by the federal government as eligible for federal services or certain Alaskan native corporations as defined in 43 U.S.C. §1602(c)? Yes No

6. Birth mother's marital status: Single Married Divorced Widowed
If married, divorced or widowed, name of spouse _____
If applicable, date of marriage _____ date of divorce _____

7. Do you know the identity of the adoptive parents? Yes No

8. Are there any pending adoption, termination of parental rights, juvenile, domestic violence, marriage dissolution, domestic relations, paternity, legitimation, custody or other proceedings affecting minor or parents of this minor? Yes No If yes, attach a separate sheet identifying and explaining each.

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SURRENDER OF PARENTAL RIGHTS

Please read carefully or complete the information below before signing this document.

By completing this surrender of parental rights, I understand that my parental rights over the child, including the rights of care, custody and control of the child, will cease when the court approves this surrender. I also waive any right to receive any notices about future hearings about the child.

I understand that after the court approves this surrender, all my parental obligations will be extinguished, except the obligation to pay any accrued unpaid child support.

I understand that after the court approves this surrender in compliance with New Hampshire law, the surrender is final, and may not be revoked or set aside for any reason, unless the court finds that the surrender was obtained by fraud or duress, and that the withdrawal of the surrender is in the best interests of the adoptee. The failure of an adoptive parent to comply with an arrangement or understanding reached with the birth parent with respect to the post-surrender exchange of identifying or non-identifying information, communication or contact is not a reason to revoke or set aside a surrender.

I have been informed that child placing agencies duly licensed pursuant to RSA 170-E are available to counsel me about my decision to surrender my parental rights.

I have been provided legal counsel, unless waived with approval of the court.

I have not received or been promised any money or anything of value for the completion of this surrender, except for payments permissible under New Hampshire law. They are as follows:

By signing this document below, I declare:

- that I am the parent of the above named child;
- that all the information on this surrender form is true;
- that I have read and understand the content of this document;
- that all of my questions have been answered by the court or its designee;
- that I wish this surrender of parental rights to take effect; and
- that (please check one of the following):
 - I do not wish to receive confirmation of the final adoption of this child.
 - I wish to receive confirmation of the final adoption of this child.

Date

Signature

State of _____, County of _____

This instrument was acknowledged before me on _____ by _____

My Commission Expires _____

Affix Seal, if any

Signature of Judge / Notarial Officer / Title

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SURRENDER OF PARENTAL RIGHTS

If the surrendering parent is a minor or under guardianship, complete the following section.

We, _____, are the parents or guardians of the named birth parent who is surrendering his/her rights, and hereby give our assent to this surrender.

Signature / Relationship

Address

Signature / Relationship

Address

State of _____, County of _____

This instrument was acknowledged before me on _____ by _____

My Commission Expires _____

Affix Seal, if any

Signature of Notarial Officer / Title

ORDER

This surrender of parental rights is: Approved Not approved

Date

Judge