

10. Marital Status

	a. Single b. Divorced c. Married to Biological Parent d. Married to Adoptive Spouse e. Widowed f. Married/Waiver Spouse Not Joining
--	--

11. Marriages of Adoptive Parent #1

	Name	Date	Date	How (Death, Divorce, Etc.)
		Married	Terminated	
PRESENT SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				

12. Relationship to Adoptee (check all that apply):

- Not Related
- Relative
- Step Parent
- Foster Parent

If related, how verified? _____

B. ADOPTIVE PARENT #2

1. Name of Adoptive Parent #2

First: _____ Middle: _____ Maiden: _____ Last: _____ Generation (Jr., Sr., III, etc.) _____

2. Date of Birth: _____

3. Place of Birth: (City or Town) _____; (State) _____; (County) _____;
 (Country); _____

4. Race (must check at least one, check all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Abandoned

Is the individual of Hispanic origin? Yes No

5. Nationality/Ethnicity: _____

6. Sex

- a. Male
- b. Female

7. Education:

Highest Grade Completed:

GED:

- a. Yes
- b. No

College? Yes No

Vocational School? Yes No

8. Occupation

- a. Unknown
- b. Unemployed
- c. Professional
- d. Supervisor/Manager/Proprietor
- e. Clerical/Sales/Crafts
- f. Service/Laborer/Farmer
- g. Military
- h. Clergy
- i. Trade
- j. Retired
- k. Student
- l. Disabled

9. Annual Income: \$ _____

10. Marital Status

- a. Single
- b. Divorced
- c. Married to Biological Parent
- d. Married to Adoptive Spouse
- e. Widowed
- f. Married/Waiver Spouse Not Joining

11. Marriages of Adoptive Parent #2

Name	Date Married	Date Terminated	How (Death, Divorce, Etc.)
PRESENT SPOUSE:			
PRIOR SPOUSE:			
PRIOR SPOUSE:			
PRIOR SPOUSE:			
PRIOR SPOUSE:			
PRIOR SPOUSE:			
PRIOR SPOUSE:			

12. Relationship to Adoptee (check all that apply):

- Not Related
- Relative
- Step Parent
- Foster Parent

If related, how verified? _____

C. HOME OF ADOPTIVE PARENTS

1. County of Residence at time of filing Adoption Petition: _____

2. Present Address of Adoptive Parents (Number and Street, City, State, Zip): _____

3. Telephone Number: (Home) _____ (Work) _____

D. FEES (List type and amount of all expenses, fees, or other charges incurred, paid, or to be paid in connection with the adoption that can **reasonably be ascertained** by the Agency)

Amount:

Paid to:

E. THE FOLLOWING REPORT EVALUATES INFORMATION SECURED AS A RESULT OF THE STUDY OF THE PROPOSED ADOPTIVE HOME AND INCLUDES A FINDING CONCERNING THE SUITABILITY OF THE PETITIONER(S) AND THE PETITIONER(S) HOME FOR THE ADOPTEE AND A RECOMMENDATION AS TO WHETHER THE GRANTING OF THE DECREE OF ADOPTION SHOULD BE ENTERED.

MUST CHECK ONE OF THE FOLLOWING:

- Recommend that the Decree of Adoption be entered
 Do not recommend that the Decree of Adoption be entered

Note: Please refer to DSS-1808 instructions (<http://info.dhhs.state.nc.us/olm/forms/dss/dss-1808I.pdf>) and N.C.G.S. § 48-2-502(b) (5) for requirements of narrative and recommendation decision.

Required Narrative:

Name of Agency Worker Completing the Report to the Court: _____

Date Completed: _____

Signature of Director of Social Services of _____ County

Signature of Executive Director of _____ Licensed Child Placing Agency

Filed this _____ day of _____
(Month) (Year)

Signature of the Clerk of Court of _____ County

NOTE: One Form DSS-1808 Report on Proposed Adoption is completed by the county department of social services or licensed private child-placing agency. It is then provided to the Clerk of Superior Court who forwards it with the Decree of Adoption to the Division of Social Services, Department of Health and Human Services.

STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
BEFORE THE CLERK

_____ COUNTY

_____ SP _____

(Full name of petitioning parent 1)

(Full name of petitioning parent 2)

**REPORT TO VITAL RECORDS
(NOT STEPPARENT OR ADULT)**

FOR THE ADOPTION OF

(Full name by which adoptee is to be known)

Petition for adoption was filed on the _____ day of _____, _____.

The undersigned Clerk of the Superior Court approved the adoption and granted a Decree of Adoption for said child to the petitioner(s), _____ and _____,
(Full name of petitioning parent 1) (Full name of petitioning parent 2)

on the _____ day of _____, _____, and ordered that the said child shall be known as _____ as provided by law.
FIRST MIDDLE LAST
(Full name by which adoptee is to be known)

The court authorizes the _____ Vital Records Office to prepare a new birth
(State of child's birth)

certificate for said child which shall contain the full adoptive name of child, sex, race, date of birth, full name of adoptive parent 1, and full name of adoptive parent 2, according to the following information which is believed to be accurate. The new certificate shall contain no reference to the adoption of the child and shall not refer to the adoptive parents in any way other than as the adoptee's parents.

This _____ day of _____, _____

Clerk Superior Court

(S E A L)

County

CHILD

Full name of child _____ Sex _____ Race _____
(As entered on original or most recent birth certificate)

Date of birth _____
(Month) (Day) (Year)

Place of birth _____
(City or town) (County) (State or foreign country)

If birth occurred in a hospital or institution, give name and address _____

Full name of bio or prior adoptive parent 1/BIRTH FATHER if applicable _____ Race _____ Sex _____
(First) (Middle) (Maiden) (Married)

Full name of bio or prior adoptive parent 2/BIRTH MOTHER if applicable _____ Race _____ Sex _____
(First) (Middle) (Maiden) (Married)

Full name of legal father _____ Race _____ Sex _____

ADOPTIVE PARENT 1

Full name _____ Race _____ Sex _____
(First) (Middle) (Maiden) (Married)

Date of birth _____ Place of birth _____
(Month) (Day) (Year) (County) (State or foreign country)

Relationship to child _____ Single parent: Yes _____ No _____

ADOPTIVE PARENT 2

Full name _____ Race _____ Sex _____
(First) (Middle) (Maiden) (Married)

Date of birth _____ Place of birth _____
(Month) (Day) (Year) (County) (State or foreign country)

Relationship to child _____ Single parent: Yes _____ No _____

Present address of adoptive parent(s): _____
(address)

(City) (State) (Zip Code)

Telephone No. _____

NOTE: One DSS-1815 is filled in by the Department of Social Services or licensed private child-placing agency for presentation to the Clerk of Superior Court. When the Decree of Adoption is issued, the Clerk signs the DSS-1815 and forwards it to the Division of Social Services, State Department of Health and Human Services, to be referred to the Vital Records Office of the state in which the child was born.

INDEPENDENT ADOPTIONS

ADDITIONAL ATTACHMENTS

INDEPENDENT ADOPTIONS

From North Carolina Department of Health and Human Services:

1. Certified copy of any court order terminating the rights of a parent or guardian of adoptee.
2. Certified copy of any court order or pleading in a pending proceeding concerning custody of or visitation with the adoptee.
3. Copy of the Preplacement Assessment certified by the agency that prepared it or affidavit stating why preplacement assessment is not available. Preplacement Assessment must have been completed or updated within 18 months of adoptive placement.
4. A writing that states the names of any individual whose consent maybe required, but who has not executed a consent or whose parental rights have not been terminated.
5. Proof of Service Notice by petitioner(s) to appropriate persons or certified copies of any written waivers of that notice by those persons. G.S. 48-2-401; G.S. 48-2-407.
 - a. NOTE: This includes any possible father who has not executed a consent or denial of paternity, had his rights terminated or been judicially determined not to be the father. It also includes notice to (1) the spouse of the petitioner if the joinder requirement may be waived, but effective for petitions filed on or after 10/01/05, this notice may be waived and (2) a minor whose consent has not been required by the clerk.
 - b. When notice is given and a possible father does not respond within 30days, 40 days to notice by publication, G.S. 48-3-603(a)(7) provides that his consent to the adoption is not required. Effective with petitions files on or after 10/01/05, the clerk must enter an order finding his consent is not necessary because he did not respond under G.S. 48-2-207. If publication is used, the petitioner must file an affidavit showing due diligence in trying to find the father. Rule 4(j1) and (j2) of the Rules of Civil Procedure.
 - c. If a father or possible father does respond the clerk must hold a hearing to determine whether his consent is required under G.S. 48-3-601, setting out steps fathers must take to preserve their rights in an adoption. This hearing may be transferred to a district court judge pursuant to GS 48-2-601(a1).
6. Notice of adoption proceeding mailed or otherwise delivered by Clerk no later than five (5) days after petition filed to any agency that has undertaken but not yet completed a Preplacement Assessment and any agency ordered to make a report to the court. G.S. 48-2-403.

STATE OF NORTH CAROLINA

_____ COUNTY

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
BEFORE THE CLERK

_____ SP _____

AFFIDAVIT

(Full name of petitioning parent 1)

DISCLOSURE OF FEES & EXPENSES

(Full name of petitioning parent 2)

FOR THE ADOPTION OF

(Full name by which adoptee is to be known if adoption granted)

In accordance with G.S. 48-2-602, this Affidavit is being made to account for any payments or disbursements made or agreed to be made by petitioner(s) in connection with this adoption and is being filed with the court at least 10 days before entry of the Final Decree. This affidavit includes the amount each payment or disbursement and name and address of each recipient as allowed by G.S. 48-10-103.

Description of Expenses/Fees	Name & Address of Recipient	Amount

Adoptive Parent 1

Adoptive Parent 2

STATE OF NORTH CAROLINA

_____ COUNTY

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

(SEAL)

Notary Public

My commission expires: _____

Note:

One DSS-5191 is filled in by the adoptive parent(s) for presentation to the Clerk of Superior Court who then forwards it to the Division of Social Services, State Department of Health and Human Services.

STATE OF NORTH CAROLINA

_____ COUNTY

AFFIDAVIT OF PARENTAGE

If this is a re-adoption by a second adoptive parent, check here and provide original adoptive parent information below in lieu of biological parent information.

I, the undersigned, _____, being duly sworn,
[Mother] [Father] [Guardian] [Other Knowledgeable Individual]

declare the following persons to be the parents or possible parents of _____,
(Original Name of Child)

a minor _____ child, who was born on the _____ day of _____,
(Sex)

[or expected to be born approximately _____] in _____
(City or Town)

(County) (State)

Birth Parent or

Prior Adoptive Parent 1:

_____ (Name) _____ (Marital status at time of child's birth)

(Last known address)

Birth Parent or

Prior Adoptive Parent 2:

_____ (Name) _____ (Marital status at time of child's birth)

(Last known address)

(If more than one possible)

Biological

Father:

_____ (Name) _____ (Marital status at time of child's birth)

(Last known address)

Legal

Father:

_____ (Name) _____ (Marital status at time of child's birth)

(Last known address)

STATE OF _____

COUNTY OF _____

Source of my knowledge (if not signed by placing parent or guardian): _____

FURTHER, it is the intent of the undersigned parent or guardian to place the above-named child for adoption in accordance with Chapter 48 of the General Statutes of North Carolina.

Signature of (Mother) (Father) (Guardian)
(Other Knowledgeable Individual)

I, _____, do hereby certify
(Name of official)

that _____ personally appeared before me this day
(Name of parent or guardian or other knowledgeable individual)

and acknowledged the due execution of the foregoing instrument.

I certify that I, the undersigned, am a Notary Public or one otherwise empowered to acknowledge signatures under Chapter 47 of the General Statutes of North Carolina.

Witness my hand and seal this the _____ day of _____, _____.

(S E A L)

Signature _____

Title _____

My commission expires _____

NOTE:
One Form DSS-1809 is obtained at the time the Consent to Adoption (DSS-1802) or Relinquishment to Adoption (DSS-1804) is signed and filed in the adoption proceeding. The Clerk then forwards these documents to the Division of Social Services, State Department of Health and Human Services, after the entry of the final decree.

G.S. 48-3-206 provides that in the event the placing parent or guardian is unavailable, this information may be provided by another knowledgeable individual who should then sign this form and indicate the source of his knowledge. This affidavit is not necessary when an agency acquires legal and physical custody of a minor for adoption by court order terminating the parental rights of both parents or guardian.

STATE OF NORTH CAROLINA

_____ COUNTY

CONSENT OF CHILD FOR ADOPTION

I, _____, being duly sworn, declare:
(Original Name of Child)

1. That I was born on the _____ day of _____, that my present address is _____

2. By executing this document, I am voluntarily consenting to my adoption by _____
(Full name of petitioning parent 1)
and _____
(Full name of petitioning parent 2)

3. That after the Consent is signed and acknowledged in accord with the procedures set forth in G. S. 48-3 -605, I understand that it may be revoked within 7 calendar days following the day on which it is executed, inclusive of weekends and holidays. If the final day of the period falls on a weekend or a North Carolina or federal holiday, then the revocation period extends to the next business day. Unless thus revoked in accord with G. S. 48-3-608, my Consent is otherwise final and irrevocable and may not be withdrawn or set aside except under a circumstance set forth in G. S. 48-3-609;

4. That I have been informed that the name and address of the person where any notice of revocation of this Consent can be sent are as follows:

5. That the Consent shall be valid and binding and is not affected by any oral or separate written agreement between myself and the adoptive parent(s);

6. That in relation to my adoption, I have not received or been promised any money or anything of value for my Consent;

7. That in executing this Consent, I understand that when the adoption is final, all rights and obligations of my former parents or guardian will be extinguished, and every aspect of the legal relationship between myself and my former parents or guardian will be terminated;

8. That I have read or had read to me and understand this Consent; been advised that counseling services may be available through the county department of social services or a licensed child-placing agency; and been advised of my right to consult with any legal counsel already appointed for me.

Signature - Adoptee's Original Name

Address

STATE OF NORTH CAROLINA

_____ COUNTY

I, _____, do hereby certify
(Name of official)

that _____ personally appeared before me this day
(Original name of adoptee)

and acknowledged the due execution of the foregoing document and that this document has been sworn to (or affirmed) and subscribed before me. I further certify to the best of my knowledge and belief that the adoptee executing the Consent: read, or had read to him or her, and understood the Consent; signed the Consent voluntarily; received an original or a copy of his or her fully executed Consent; and was advised that counseling services may be available through county departments of social services or licensed child-placing agencies.

I certify that I, the undersigned, am a Notary Public or one otherwise empowered to administer oaths or take acknowledgments.

Witness my hand and seal this the _____ day of _____

at _____
(Place of Consent)

(SEAL)

Signature _____

Title _____

My commission expires _____

Note:

Form DSS-1803 is prepared in duplicate and is to be signed by the child being adopted who is twelve years of age or over when the Petition for Adoption was filed or who becomes twelve years of age before the granting of the Decree of Adoption. The **original** form is presented to the Clerk of Superior Court who then forwards it with the Petition and other Consents to the Division of Social Services, State Department of Health and Human Services. **One copy is given to the adoptee.**

STATE OF NORTH CAROLINA

_____ COUNTY

CONSENT TO ADOPTION

BY PARENT, GUARDIAN, OR GUARDIAN AD LITEM OF THE MOTHER/FATHER

I, _____, being duly sworn, declare:

1. That I was born on the _____ day of _____, _____, and have a permanent address at _____;

I do not have a permanent address, but do have a mailing address at _____.

2. That I am of sound mind and in full possession of my mental faculties;

3. That I am the [mother] [father] [guardian] or [guardian ad litem of the Mother/Father pursuant to G.S. 48-3-602] of _____ (original name of child – if known), a _____ child (sex – if known), born on the _____ day of _____, _____, [or expected to be born to _____ on approximately _____] in _____ (City or Town) _____ (County) _____ (State).

4. That I hereby consent to the adoption of said child _____ (Full name of petitioning parent 1) and _____ (Full name of petitioning parent 2);

5. That I voluntarily consent to the transfer of legal and physical custody to, and the adoption of the minor by, the aforementioned adoptive parents;

6. That this Consent shall be valid and binding and shall not be affected by any oral or separate written agreement between me and the aforementioned adoptive parents;

7. That I understand that when the adoption is final, all of my rights and duties with respect to the minor will be extinguished and all aspects of the legal relationship between the minor child and the parent will be terminated;

8. That I have not received or been promised any money or anything of value for this Consent except for lawful payments that are itemized on a schedule attached to this Consent;

9. That I hereby waive notice of any proceeding for adoption;

10. That I have provided the prospective adoptive parents or the prospective adoptive parents' attorney with the written document required by G.S. 48-3-205 (Disclosure of Background Information);

11. That I have read or had read to me and understood this Consent, been advised that counseling services may be available through county departments of social services or licensed child-placing agencies, and been advised of the right to employ independent legal counsel;

12. That the name and address of the court, if known, in which the Petition for Adoption has been or will be filed are as follows:

13. That I have been informed that the name and address of the person to whom any notice of revocation of this consent can be sent are as follows:

14. That I understand that my Consent to the adoption of the minor may be revoked within 7 days following the day on which it is executed, inclusive of weekends and holidays. If the final day of the period falls on a weekend or a North Carolina or federal holiday, then the revocation period extends to the next business day.

That I understand that this is my second Consent to Adoption by the same adoptive parents and is thereby irrevocable.

15. That I understand that if I am a placing parent and a preplacement assessment of the prospective adoptive parents is required and placement of the minor child with that parent occurs before the preplacement assessment is given to me, then my time to revoke this Consent shall be either five business days after the date I receive the preplacement assessment or the remainder of the 7 day period described above, whichever is longer. (The date of receipt is the earlier of the date of actual receipt or the date established by G.S. 48-3-307 in the event the prospective adoptive parents cannot, after the exercise of due diligence, locate me for delivery of the preplacement assessment.)

16. That I understand that to revoke my Consent to Adoption, as provided in G.S. 48-3-608, the revocation must be made by giving written notice to the person specified in this Consent. Notice may be given by personal delivery, overnight delivery service, or registered or certified mail, return receipt requested. If notice is given by mail, notice is deemed complete when it is deposited in the United States mail, postage prepaid, addressed to the person specified in this Consent at the address also specified. If notice is given by overnight delivery service, notice is deemed complete on the date it is deposited with the service as shown by the receipt from the service, with delivery charges paid by the sender, addressed to the person specified in this Consent at the address also specified. Forms to revoke my Consent may be obtained from the Clerk of Superior Court in any county in North Carolina.

17. That I understand that unless revoked in accordance with G.S. 48-3-608, my Consent to Adoption is final and irrevocable and may not be withdrawn or set aside except under a circumstance set forth in G.S. 48-3-609.

Signature of [Mother] [Father]
[Guardian Ad Litem of the Mother/Father] [Guardian]

Address

STATE OF NORTH CAROLINA

_____ COUNTY

I, _____, do hereby certify
(Name of official)

that _____ personally appeared before me this day
Name of [Mother] [Father] [Guardian Ad Litem of the Mother/Father] [Guardian]

and acknowledged the due execution of the foregoing document and that this document has been sworn to (or affirmed) and subscribed before me. I further certify to the best of my knowledge and belief that the parent or guardian executing the Consent: read, or had read to him or her, and understood the Consent; signed the Consent voluntarily; received an original or copy of his or her fully executed Consent; and was advised that counseling services may be available through county departments of social services or licensed child-placing agencies.

I certify that I, the undersigned, am a Notary Public or one otherwise empowered to administer oaths or take acknowledgments.

Witness my hand and seal this the _____ day of _____,

at _____
(Place of Consent)

Signature _____

Title _____

(S E A L)

My commission expires _____

Note:

The **original** Consent to Adoption by Parent, Guardian Ad Litem of the Mother/Father, or Guardian of the child is to be sent by the Clerk of Superior Court to the Division of Social Services, State Department of Health and Human Services, attached to the Petition for Adoption. A **signed copy of the Consent is to be given to the person who signed the Consent.**

STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
BEFORE THE CLERK

_____ COUNTY

_____ SP _____

(Full name of petitioning parent 1)

(Full name of petitioning parent 2)

FOR THE ADOPTION OF

DECREE OF ADOPTION

(Full name by which adoptee is to be known)

This cause coming on to be heard and being heard before the undersigned and the Court from all the evidence presented in this proceeding, enters the following Decree of Adoption. The Court finds by a preponderance of the evidence the following:

1. That all necessary parties in the above-entitled proceeding are properly before the Court; that notice of the filing of the Petition was served on all required persons and that the time for filing a response has expired;

2. That the above-named _____ child was born on _____
(Sex) (Month) (Day) (Year)
in _____;
(State/Country)

3. That said child was placed with petitioner(s) for adoption on the ____ day of _____, _____, or the placement requirement has been waived; and each necessary consent, relinquishment, waiver, or judicial order terminating parental rights has been obtained and filed with the Court and the time for revocation has expired. The consent of the minor child 12 or more years old is hereby dispensed with as the Court finds it is not in the minor's best interest to require the consent;

4. That said child has been in the physical custody of the petitioner(s) for at least 90 days or this requirement has been waived by the Court for cause;

5. That a duly verified Petition for Adoption of said child was filed with this Court by the above-named petitioner(s) on the _____ day of _____, _____;

6. That at least 90 days have elapsed since the filing of the Petition for Adoption or this requirement has been waived by the Court for cause;

7. That the marital status and gender of the petitioner(s) is/are: _____;

(Enter whether married, stepparent, single, and petitioners genders)

8. That any assessment required by Chapter 48 has been filed with and considered by the Court;

9. That, if applicable, the requirements of the Interstate Compact on the Placement of Children, G.S. 7B-3800, et. seq., have been met or have been waived pursuant to G.S. 48-2-603(b).

10. Any motion to dismiss this adoption proceeding has been denied;

11. Each petitioner is a suitable adoptive parent and the petitioner(s) seeking adoption (is a) (are) fit person(s) to have the care and custody of said child and are financially able to provide for the child;

12. Any accounting and affidavit required under G.S. 48-2-602 has been reviewed by the Court and the Court has taken appropriate action with regard to any payment or disbursement that violates Article 10 of Chapter 48;

13. That petitioner(s) has/have received information about the adoptee and the adoptee's biological family if required by G.S. 48-3-205;

14. That there has been substantial compliance with the provisions of Chapter 48; and

15. That the child is a suitable child for adoption and that this adoption is in the best interest of the child;

NOW THEREFORE, it is hereby ordered, adjudged, and decreed by the Court:

(1) That from the date of the entry of this Decree herein, the said minor is declared adopted for life by the petitioner(s) and that said child shall henceforth be known by the name of:

_____ and the State Registrar of Vital Records shall make a new birth certificate for said child in accordance with the provisions of Section 48-9-107 of the General Statutes;

(2) That the Decree of Adoption effects a complete substitution of families for all legal purposes and establishes the relationship of parent and child, together with all the rights, responsibilities, and duties, between each petitioner and the individual being adopted;

(3) That from the date of this Decree of Adoption, the adoptee is entitled to inherit real and personal property by, through, and from the adoptive parents in accordance with the statutes on intestate succession and has the same legal status, including all legal rights and obligations of any kind whatsoever, as a child born the legitimate child of the adoptive parents;

(4) That the Decree of Adoption severs the relationship of parent and child between the individual adopted and that individual's Choose an Item Choose an Item
Further, the former parents are relieved of all legal duties and obligations due from them to the adoptee, except that a former parent's duty to make past-due payments for child support is not terminated, and the former parents are divested of all rights with respect to the adoptee. Notwithstanding any other provision, neither an adoption by a stepparent nor a readoption pursuant to G.S. 48-6-102, has any effect on the relationship between the child and the parent who is or was the stepparent's spouse.

This _____ day of _____, _____.

Clerk of Superior Court

(S E A L)

County

NOTE:
Four DSS-1814 forms are completed. The original is retained in the Clerk of Superior Court's office; one copy is given to adoptive parents; one copy is given to the Director of Social Services or licensed private child-placing agency; and one copy is to be forwarded, along with originals of all other documents except a copy of the Petition, filed in proceeding, within ten days or the disposition of any appeal taken pursuant to G.S. 48-2-607(b) by the Clerk of Court to the Division of Social Services, State Department of Health and Human Services.

STATE OF NORTH CAROLINA

_____ COUNTY

DENIAL OF PATERNITY

I, the undersigned, _____, being duly sworn, declare that though named as the father of a child, _____ born to _____ (Biological mother)

_____ (Address)

on or about the _____ day of _____, _____, [or expected to be born approximately _____], deny that I am the father of said child. I further declare that I am not married to the mother of the child.

FURTHER, in denying paternity, I voluntarily and permanently waive any and all right that I otherwise may have in the earnings and estate of the above-named child and any rights whatsoever that would arise as a result of the parent-child relationship now and from this time forth, including the right to consent to, receive notice of, or be a party to this child's adoption.

Signature: _____

Address: _____

I, _____, do hereby certify (Name of official)

that _____ personally appeared before me this day (Name of alleged parent)

and acknowledged the due execution of the foregoing instrument.

I certify that I, the undersigned, am a Notary Public or one otherwise empowered to acknowledge signatures under Chapter 47 of the General Statutes of North Carolina.

Witness my hand and seal this the _____ day of _____, _____

(SEAL)

Signature _____

Title _____

My commission expires _____

NOTE:

Two Forms DSS-5118 are signed by the person denying paternity. The original of this form is filed with the Petition for Adoption and sent by the Clerk of Superior Court, with a copy of the Petition for Adoption, to the Division of Social Services, State Department of Health and Human Services. One copy of this form is retained by the person signing it.

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Division of Social Services

NON-IDENTIFYING BACKGROUND INFORMATION

To Biological Parent: Please complete the blanks below as thoroughly as you can. This information will be given to the adoptive parents to be shared with your child at an appropriate time and/or may be released pursuant to North Carolina General Statutes §48-9-103, 48-9-104 and 48-9-109. This, along with the medical information, will be of utmost value to your child in learning about his/her genetic roots.

CHILD'S BIRTH HISTORY

Date of Birth: _____ Weight: _____ Length: _____
 Time of Birth: _____ Day of Birth: _____ Race: _____
 Nationality: _____ General Physical Appearance: _____

CHARACTERISTICS OF BIRTH/PRIOR ADOPTIVE PARENT

INDICATE: MOTHER FATHER
 Biological Parent? _____ (yes or no) Prior Adoptive Parent? _____ (yes or no)

1. Age (in years): _____ Race: _____ Nationality: _____

2. Ethnic Background: _____

3. Height? _____ Average weight? _____ Eye Color? _____

4. Complexion: Fair Medium Olive Dark
 Have you ever had a complexion problem? Yes No If so, what? _____

5. Build: Small-Boned Medium-Boned Large-Boned

6. Are you: Right-handed Left-Handed Ambidextrous

7. What is the natural color of your hair? _____

Is your hair: Naturally Curly Straight Wavy Thick Thin

Do you like to wear it long or short? _____

8. Do you wear eye correction? Yes (Glasses Contacts) No

If you wear eye correction, at what age did you start wearing it? _____

Reason for eye correction? Near-Sighted Far-Sighted Other: _____

9. Did you ever wear orthodontic braces? Yes No

If so, why did you need them? _____

10. Are you allergic to anything? Yes No If yes, what are you allergic to and what is your reaction? _____

11. What are your hobbies and interests? _____

12. What are your favorite foods and drinks? _____
13. What is your favorite color? _____ Your favorite season? _____
Your favorite holiday? _____
14. Education (highest grade completed): _____ Scholastic Performance: _____
Favorite subjects in school? _____
Any extracurricular activities? _____
15. Special Talents: _____
16. Religious Preference: _____
17. Usual Occupation: _____
18. Military Service: Yes No If yes, what branch? _____
19. Marital Status: _____
20. Age and sex of other children: _____
21. Were you or anyone in your family adopted? Yes No If yes, who? _____
22. Why are you placing child for adoption? _____

23. Are you interested in future contact with the child? Yes No
24. If you are deceased when the child reaches age 18, would you have any objection to the child contacting birth family? Yes No If so, what are your concerns? _____

25. What was your relationship with the child's other biological parent? Friends Dating Steadily
 Engaged Married None Other: _____
26. Other reasonably available information such as scars/birth marks/tattoos, etc.? _____

PERSONALITY DESCRIPTION: Please check all that apply.

- | | | | | |
|-------------------------------------|--|-------------------------------------|---|--|
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Friendly | <input type="checkbox"/> Nervous | <input type="checkbox"/> Self-Confident | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Happy | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Serious | <input type="checkbox"/> Temperamental |
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Rebellious | <input type="checkbox"/> Shy | <input type="checkbox"/> Unhappy |
| <input type="checkbox"/> Easygoing | <input type="checkbox"/> Independent | <input type="checkbox"/> Worrisome | | |

Other: _____

CHARACTERISTICS OF EXTENDED FAMILY MEMBERS

	CHILD'S GRANDPARENT 1	CHILD'S GRANDPARENT 2
Age: (If Deceased, State Age and Cause of Death)		
Sex (male, female)		
Race (Black, White, etc.)		
Ethnicity (Hispanic, etc.)		
Nationality (American, etc.)		
Height/Weight		
Hair/Eye Color		
Build/Complexion		
Right/Left Handed		
Hobbies/Talents/Interests		
Education		
Occupation		
Military Service		
Religious Preference		

CHILD'S AUNTS AND UNCLES						
	Brother <input type="checkbox"/>	Sister <input type="checkbox"/>	Brother <input type="checkbox"/>	Sister <input type="checkbox"/>	Brother <input type="checkbox"/>	Sister <input type="checkbox"/>
Age: (If Deceased, State Age and Cause of Death)						
Race (Black, White, etc.)						
Ethnicity (Hispanic, etc.)						
Nationality (American, etc.)						
Height/Weight						
Hair/Eye Color						
Build/Complexion						
Right/Left Handed						
Hobbies/Talents/Interests						
Education						
Occupation						
Military Service						
Religious Preference						

Special Comments to Child: _____

INSTRUCTIONS: This form should be completed to collect birth parent and prior adoptive parent information. Both forms should clearly indicate whether the information is related to a birth parent or a prior adoptive parent. One copy of this form is to be given to the adoptive parents prior to placement of a minor child for adoption; one copy is to be filed with the Petition for Adoption to be forwarded by the Clerk of Superior Court to the Division of Social Services, State Department of Health and Human Services; and one copy is to be retained in the agency's file. **In agency adoptions, the certification page shall not be provided to the adoptive parent(s) if it contains the name of a birth parent or birth parent's relative.**

CERTIFICATION

This document should be certified by the person who prepared it. (In agency adoptions, this certification page shall not be provided to the adoptive parent(s) if it contains the name of a birth parent or birth parent's relative.)

I hereby certify that I prepared this Non-Identifying Background Information.

Signature of (Parent) (Relative) (Agency Representative)

Date:

STATE OF NORTH CAROLINA

_____ **COUNTY**

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

(S E A L)

Signature of Notary Public

My Commission Expires: _____

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Name of Agency _____

Division of Social Services

Adoption Health History, Part I

Adoptee's First Name _____

Source of information, if not completed by parent _____

I. BIRTH MOTHER'S MENSTRUAL & PREGNANCY HISTORY INVOLVING THIS CHILD

Age at onset of menses	Usual length of period	Regular <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of days between periods
------------------------	------------------------	---	--------------------------------

II. THIS PREGNANCY

Mother's age at onset of pregnancy?	Full term? <input type="checkbox"/> Yes <input type="checkbox"/> No	When did pre-natal care begin? How many visits?
Complications during this pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	If complications, explain	Single birth _____ Multiple births 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> Number of prior pregnancies

III. DELIVERY HISTORY OF THIS CHILD

Duration of Labor	Type of delivery <input type="checkbox"/> Natural <input type="checkbox"/> Cesarean	Forceps <input type="checkbox"/> Yes <input type="checkbox"/> No	Father's blood type _____ Mother's blood type _____ Mother's RH factor _____
Were you given anesthesia? <input type="checkbox"/> Yes <input type="checkbox"/> No			

IV. CONDITIONS DURING THIS PREGNANCY

German Measles <input type="checkbox"/> Yes <input type="checkbox"/> No	Infections <input type="checkbox"/> Yes <input type="checkbox"/> No	Anemic <input type="checkbox"/> Yes <input type="checkbox"/> No
Venereal Disease <input type="checkbox"/> Yes <input type="checkbox"/> No	Accidents <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Diabetic <input type="checkbox"/> Yes <input type="checkbox"/> No
Virus <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" specify _____	Pre-Diabetic <input type="checkbox"/> Yes <input type="checkbox"/> No
Toxemia <input type="checkbox"/> Yes <input type="checkbox"/> No		

COMMENTS:

INSTRUCTIONS: This form should only reflect the information of the biological parent(s). One copy of this form is to be given to the adoptive parent(s) prior to placement of a minor child for adoption; one copy is to be filed with the Petition for Adoption to be forwarded by the Clerk of Superior Court to the Division of Social Services, State Department of Health and Human Services; and one copy is to be retained in the agency's file. In agency adoptions, the certification page shall not be provided to the adoptive parent(s) if it contains the name of a birth parent or birth parent's relative.

Health History of Biological Parents and Other Relatives, Part II

Indicate Birth Mother _____
 Birth Father _____

Instructions: Use separate sheet for each parent. Fill in above space to indicate which parent the information concerns.

Adoptee's First Name _____

Respiratory System	No	Yes (self)	Yes Relative (specify)	Comments
Allergies				
Hay fever				
Asthma				
Sinusitis				
Tuberculosis				
Emphysema				
Cystic Fibrosis				
Other (specify)				
Skin				
Acne				
Warts				
Psoriasis				
Eczema				
Baldness				
Cancer				
Birth Defects				
Harelip/cleft palate				
Clubfoot				
Heart defect				
Cerebral Palsy				
Downs Syndrome				
Chemical Dependency/Abuse				
				Amount/Frequency
Alcohol				
Tobacco				
Marijuana				
Barbiturates				
Amphetamines				
Hallucinogenics				
Cocaine				
Heroin				
Prescription drugs				
Tranquilizers				
Others				
Hereditary Diseases				
Hemophilia				
Thyroid Disorder				
Galactosemia				
Huntington's Disease				
Obesity				
Sickle Cell Anemia				
Other (specify)				

Adoptee's First Name _____

Bones/Muscle Disorders	No	Yes (self)	Yes Relative (specify)	Specify degree and age at onset:
Arthritis/Rheumatism				
Osteoporosis				
Knee & Hip Disorder				
Scoliosis				
Spina Bifida				
Muscular Dystrophy				
Lupus				
Heart Circulatory				
Aneurysm				
Varicose Veins				
Heart Murmur				
High blood pressure				
Stroke				
Heart attack				
Blockages				
Angina				
Phlebitis				
Other (specify):				
Neurological Disorders				What part of body? Both sides? How severe?
Muscular Dystrophy				
Multiple Sclerosis				
Cerebral Palsy				
Parkinson's Disease				
Alzheimer's Disease				
Epilepsy/Seizures				
Migraines				
Schizophrenia				
Tay Sachs Disease				
Tourette Syndrome				
Depression				
Autism				
Attention Deficit Disorder				
Sexually Transmitted Diseases				
Gonorrhea				
Syphilis				
Herpes				
HIV Carrier				
AIDS				
Other (specify)				
Urinary				
Kidney Disease				
Bladder Infections				
Gout				
Kidney Stones				
Sugar				
Liver Disorders:				
Pancreatic Disorders:				

Adoptee's First Name _____

Rheumatic Fever	No	Yes (self)	Yes Relative (specify)	Did heart murmur result?
Sense Organ Disorders				Age at Onset
Blindness				
Far/near sighted				
Astigmatism				
Ear infections				
Wears glasses/contacts				
Speech problems				
Color/night blindness				
Glaucoma-, Cataracts				
Deafness/hearing loss				
Other (specify)				
Major Injury/Surgery:				Age?
Physical or Sexual Abuse:				Age? Perpetrator?
Breast History				
Cancer				
Mastectomy				
Lumpectomy				
Fibrocystic				
Other (specify)				
SIDS				
Mental Retardation:				Any diagnosis or cause? Hospitalized?
Hyperactive/Learning Disabilities:				Type of education? Type of medication?
Lung Disease:				Specify type:
Diabetes:				Specify type; age at diagnosis, medications:
Dental Problems:				Specify type:
Cancer				What Kind? Age at Onset? Part of Body?

CERTIFICATION

This document should be certified by the person who prepared it. (In agency adoptions, this certification page shall not be provided to the adoptive parent(s) if it contains the name of a birth parent or birth parent's relative.)

I hereby certify that I prepared this Adoption Health History Form, Parts I and 11.

Signature of (Parent) (Relative) (Agency)

Date: _____

STATE OF NORTH CAROLINA

COUNTY

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

(S E A L)

Notary Public

My Commission Expires: _____

ICPC 100A
REV. 8/2001

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

Please type

TO:

FROM: N.C. Division of Social Services
820 S. Boylan Ave., 1st Floor, McBryde Building East
Raleigh, North Carolina 27603-2246

SECTION I - IDENTIFYING DATA

Notice is given of intent to place - Name of Child:			Ethnicity: Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Number		ICWA Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White	
Sex:	Date of Birth	Title IV-E determination <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending		
Name of Mother			Name of Father:	
Name of Agency or Person Responsible for Planning for Child:				Phone:
Address:				
Name of Agency or Person Financially Responsible for Child:				Phone:
Address:				

SECTION II - PLACEMENT INFORMATION

Name of Person(s) or Facility Child is to be placed with:		Soc Sec # (optional):
Address:		Phone:
Type of Care Requested:		
<input type="checkbox"/> Foster Family Home	<input type="checkbox"/> Residential Treatment Center	<input type="checkbox"/> Parent
<input type="checkbox"/> Group Home Care	<input type="checkbox"/> Institutional Care-Article VI, Adjudicated Delinquent	<input type="checkbox"/> Relative (Not Parent) Relationship: _____
<input type="checkbox"/> Child Caring Institution		<input type="checkbox"/> Other _____
		<input type="checkbox"/> ADOPTION <input type="checkbox"/> IV-E Subsidy <input type="checkbox"/> Non IV-E Subsidy
		To Be Finalized In: <input type="checkbox"/> Sending State <input type="checkbox"/> Receiving State
Current Legal Status of Child:		
<input type="checkbox"/> Sending Agency Custody/Guardianship	<input type="checkbox"/> Parent Relative Custody/Guardianship	<input type="checkbox"/> Protective Supervision
<input type="checkbox"/> Court Jurisdiction Only		<input type="checkbox"/> Parental Rights Terminated-Right to Place for Adoption
		<input type="checkbox"/> Unaccompanied Refugee Minor
		<input type="checkbox"/> Other

SECTION III - SERVICES REQUESTED

Initial Report Requested (if applicable): <input type="checkbox"/> Parent Home Study <input type="checkbox"/> Relative Home Study <input type="checkbox"/> Adoptive Home Study <input type="checkbox"/> Foster Home Study	Supervisory Services Requested: <input type="checkbox"/> Request Receiving State to Arrange Supervision <input type="checkbox"/> Another Agency Agreed to Supervise <input type="checkbox"/> Sending Agency to Supervise	Supervisory Reports Requested: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Upon Request <input type="checkbox"/> Other
--	--	--

Name and Address of Supervising Agency in Receiving State:

Enclosed: Child's Social History Court Order Financial/Medical Plan Other Enclosures
 Home Study of Placement Resource ICWA Enclosure IV-E Eligibility Documentation

Signature of Sending Agency or Person:	Date:
Signature of Sending State Compact Administrator, Deputy or Alternate:	Date:

SECTION IV - ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III(d) of ICPC

Placement may be made Placement shall not be made

REMARKS:

Signature of Receiving State Compact Administrator, Deputy or Alternate:	Date:
--	-------

DISTRIBUTION (Complete six (6) copies):
 • Sending Agency retains a (1) copy and forwards completed original plus four (4) copies to:
 • Sending Compact Administrator, DCA, or alternate retains a (1) copy and forwards completed original and three (3) copies to:
 • Receiving Agency Compact Administrator, DCA, or alternate who indicates action (Section IV) and forwards a (1) copy to receiving agency and the completed original and one (1) copy to sending Compact Administrator, DCA, or alternate within 30 days.
 • Sending Compact Administrator, DCA, or alternate retains a completed copy and forwards the completed original to the sending agency.
 DSS-1837 (Rev. 03/2014) Child Welfare Services Page 1 of 1 (ICPC 100A)

STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
BEFORE THE CLERK

_____ COUNTY

_____ SP _____

(Full name of petitioning parent 1)

(Full name of petitioning parent 2)

**ORDER FOR REPORT
ON PROPOSED ADOPTION**

FOR THE ADOPTION OF

(Full name by which adoptee is to be known if adoption granted)

To _____
(Name, title, and address of person or agency to whom Order is directed)

A Petition for Adoption in the above-entitled proceeding was filed on the _____ day of _____, _____.

Consent or Relinquishment to adoption was given by the:

Birth or Prior Adoptive Parent 1 _____ Birth or Prior Adoptive Parent 2 _____
(Date) (Date)

Agency _____ Child _____ Guardian _____
(Date) (Date) (Date)

Guardian ad Litem of Mother/Father (pursuant to G.S. 48-3-602) _____
(Date)

to _____.

Termination of parental rights was executed on the:

Birth or Prior Adoptive Parent 1 _____ Birth or Prior Adoptive Parent 2 _____
(Date) (Date)

Birth or prior adoptive parent 1 deceased _____ Birth or prior adoptive parent 2 deceased _____
(Date) (Date)

You are hereby ordered to investigate and to make appropriate inquiry to determine whether the proposed home is a suitable one for the child and to investigate any other circumstances or conditions that may have a bearing on the cause and of which the Court should have knowledge; and you are ordered further to report to the court with respect to such matters **within 60 days** after the mailing or delivery of this Order. The report shall comply with the provisions of G.S. 48-2-502 and G.S. 48-2-503.

This _____ day of _____, _____.

Clerk Superior Court

(S E A L)

County

NOTE:

This Order is prepared in duplicate and is to be directed to the department of social services or the licensed child-placing agency responsible for making the investigation with a copy of the Petition for Adoption (Form DSS-1800) and required attachments; and one is forwarded by the Clerk of Superior Court to the Division of Social Services, State Department of Health and Human Services.

STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
BEFORE THE CLERK
_____ SP _____

_____ COUNTY

(Full name of petitioning parent 1)

(Full name of petitioning parent 2)

FOR THE ADOPTION OF

PETITION FOR ADOPTION
OF A MINOR CHILD

(Not Stepparent)

(Full name by which adoptee is to be known if adoption granted)

To the Honorable Clerk of the Superior Court of _____ County:

We (I), the undersigned, _____, _____, and _____
(Name of petitioning parent 1) (Sex)

_____, _____, whose address is _____
(Name of petitioning parent 2) (Sex)

_____, _____, _____, _____
(Street & Number) (City) (County) (State) (Zip Code)

do hereby petition the Court to adopt _____, a _____ minor
(Name by which the adoptee is to be known) (Sex)
child, and do represent to the Court:

1. That the petitioner(s) herein seeking adoption:

- has/have lived in or been domiciled in North Carolina for at least six consecutive months immediately preceding the filing of this petition; **OR**
- has/have lived in or been domiciled in North Carolina for less than six consecutive months prior to filing this petition, but the adoptee has lived in North Carolina for at least six consecutive months immediately preceding the filing of this petition or from birth; **OR**
- does/do not reside or have domicile in North Carolina, but is/are petitioning to adopt a child currently in the legal custody of a licensed NC adoption agency or county department of social services; **OR**
- does/do not reside or have domicile in North Carolina, but is/are petitioning to adopt a child directly placed with the petitioner(s) by the birth parent(s) and the child has lived in North Carolina for at least six consecutive months immediately preceding the filing of this petition or from birth AND continues to reside in North Carolina at the time of the filing of this petition.

2. That any required preplacement assessments have been completed or updated within the 18 months before the adoptee's placement for the purpose of adoption or an affidavit is attached stating why the assessment is not available.

3. That all necessary consents, relinquishments, or terminations of parental rights have been obtained and have been filed or will be filed as additional documents with the petition; **AND/OR**

The names of any individuals whose consent, relinquishment, or termination of rights may be necessary but have not been obtained are listed in an attached document.

4. That the adoptee was born on in the State/Country of _____ on or about the _____ day of _____ in the year _____.

5. That as far as petitioner(s) are able to ascertain, said minor child is the owner of or is entitled to personal property of the value of \$ _____ and real property of the value of \$ _____, described as follows:

6. That said adoptee was placed for the purpose of adoption with the petitioner(s) by:

Agency Parent/s Guardian of the Minor on the _____ (date)

If placed by agency, give name and address of agency consenting to the placement _____

If waiver of placement under N.C.G.S. 48-2-301(a) is needed, address in #13 below.

7. If the adoptee is not in the physical custody of the petitioner(s), state the reason why the petitioner(s) do/does not have physical custody and the date and manner in which the petitioner(s) intend/intends to acquire custody:

8. That the provisions of the Interstate Compact on the Placement of Children (ICPC), N.C.G.S. 7B - 3800 et. seq., were followed, or a statement is attached describing the circumstances of non-compliance or that the ICPC does not apply.

9. That the affidavit required by the Uniform Child Custody Jurisdiction and Enforcement Act, Chapter 50A of the General Statutes, if applicable, is attached to the petition.

10. That petitioner(s) seeking adoption herein is/are single; or married. If married, give date of that marriage _____. The petitioner(s) is/are a fit person(s) to have the custody, supervision, and training of said child, and have the resources, including those available under a subsidy for an adoptee with special needs, to provide for the care and support of the adoptee.

11. That petitioner(s) desire(s) and agree(s) to adopt and treat the adoptee as their/his/her lawful child and desire(s) that the relationship of parent(s) and child be established between them/him/her and said child; and upon adoption, the said adoptee shall inherit real and personal property by, through, and from the said petitioner(s) in accordance with the statutes of descent and distribution.

12. That the petitioner(s) is/are related or not related to the said child specified in G.S. 48-3-301(b) as follows:

13. Enter any special allegation not yet given, such as child 12 years of age or older, whether spouse is deceased or adjudged incompetent, whether waiver of placement needed, etc.

WHEREFORE, YOUR petitioner(s) pray(s) that the relationship of parent(s) and child be established between petitioner(s) and said adoptee; and that the name of said adoptee be changed to:

_____ as hereinabove written and authorized by law.

Attachments to petition (N.C.G.S. 48-2-305): _____

This the _____ day of _____, _____

_____ Signature of Petitioner 1

_____ Signature of Petitioner 2

_____ and _____
(Full name of petitioning parent 1) (Full name of petitioning parent 2)

being duly sworn, depose and say that he/she/they has (have) read the foregoing Petition and that the facts set forth therein are true to his/her/their own knowledge, except as to matters therein set forth upon information and belief, and as to such matters he/she/they believe(s) them to be true.

This _____ day of _____, in the year _____.

_____ Signature of Petitioner 1

_____ Signature of Petitioner 2

Subscribed to and sworn to before me this _____ day of _____, _____

(S E A L)

_____ Signature of Clerk of Superior Court or Notary Public

_____ Printed Name of Clerk of Superior Court or Notary Public

My commission expires _____

Attorney for petitioner/s (Mailing Address)

(Telephone Number) (City or Town) (Zip Code)

NOTE: The DSS-1800 is prepared in triplicate. The original form is held in the Office of the Clerk of Superior Court. A duplicate original is forwarded, **along with originals of all other documents filed in proceeding**, within ten days following the entry of the Decree of Adoption by the Clerk of Court to the Division of Social Services, State Department of Health and Human Services; and a copy is attached to the Order for a Report to the Court, directed to the county department of social services or licensed private child-placing agency.

STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
BEFORE THE CLERK

_____ COUNTY

(Full Name of Petitioning Parent 1)

_____ SP _____

(Full Name of Petitioning Parent 2)

REPORT ON PROPOSED ADOPTION

FOR THE ADOPTION OF:

(Full Name by Which Adoptee Is to Be Known if Adoption Granted)

To the Honorable, Clerk of the Superior Court of _____ County,

In Response to the Order of the Court, _____

(Name, Title and Address of Person or Agency Making Report)

makes the following report of findings in reference to the proposed placement:

I. HISTORY OF CHILD

A. Placement Data for Child

1. Child Placed with these Petitioners by:

2. Type of Adoption:

(Enter only one code from block below)

	<ul style="list-style-type: none"> a. Public Agency b. Private agency c. Tribal Agency d. Independent Person e. Birth Parent f. Other Relative g. District Court
--	---

	<ul style="list-style-type: none"> a. Agency (Non-related) b. Agency (Related) c. Independent/Non-Related d. Foreign e. Relative f. Stepparent
--	--

Child previously in Agency custody and eligible for Adoption Assistance? Yes No

3. Identify below the Agency, Parents, or Guardian giving Consent for the Adoption, when applicable (should correspond with A1)

Name: _____

Address: _____

Relationship: _____

4. Child Placed From:

- a. Within State
- b. Another State
- c. Another Country

Name of State or Country:

5. Date the child was placed in the home of Adopting Family *For the Purpose of Adoption*: _____
 (or if placement requirement waived, date of legal clearance)

6. Was the child ever placed in an Adoptive home where the placement disrupted or has this child been legally adopted and the adoption subsequently dissolved?

- a. Yes
- b. No

6a. If yes, than was it:

- a. Disruption
- b. Dissolution
- c. Both

7. If the child was in substitute care prior to the Adoptive placement, were there any brothers/sisters or half brothers/sisters in substitute care at the same time?

- a. Yes
- b. No

8. Was the child placed in the Adoptive placement with own siblings?

- a. Yes
- b. No, or Not Applicable
- c. With Some, But Not All

B. Personal History

1. Original Name of Child (as entered on birth certificate) SIS ID# _____

First: _____
Middle: _____
Last: _____
Generation (Jr., Sr., III, etc.) _____

2. Adopted Name of Child SIS ID# _____

First: _____
Middle: _____
Last: _____
Generation (Jr., Sr., III, etc.) _____

3. Date of Birth: _____

4. Verified by (give birth certificate number): _____

5. Place of Birth: (City or Town) _____; (State) _____; (County) _____;
(Country); _____

6. Race (must check at least one, check all that apply):
- American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
 - Abandoned

Is the individual of Hispanic origin? Yes No

7. Sex

a. Male
b. Female

C. Court Action: (Termination of Parental Rights; Order of the Clerk of Superior Court Allowing Adoption to Proceed without Parents' Consent; Adjudication of Mental Incompetency, if applicable; Custody Orders, etc.)
COPIES MUST BE ATTACHED.

Name and Address of Court: _____

Dates: _____

D. Special Needs Status

1. Does the child meet each of the three parts of the Special Needs criteria as defined in the Family Services Manual, Volume I, Chapter XIII Section 1600?

	a. Yes b. No
--	-----------------

2. What is the primary basis for meeting Part II of the Special Needs as a condition of eligibility for Adoption Assistance?

	a. The child is six years of age or older; b. The child is two years of age or older and a member of a minority race or ethnic group; c. The child is a member of a sibling group or three or more children to be placed in the same adoptive home; d. The child is a member of a sibling group of two children to be placed in the same adoptive home, in which the sibling meets at least one other criteria for special needs; e. The child has a medically diagnosed disability which substantially limits one or more major life activity, requires professional treatment, assistance in self-care, or the purchase of special equipment; f. The child is diagnosed by a qualified professional to have a psychiatric condition which impairs the child's mental, intellectual, or social functioning, and for which the child requires professional services; g. The child is diagnosed by a qualified professional to have a behavioral or emotional disorder characterized by inappropriate behavior which deviates substantially from behavior appropriate to the child's age or significantly interferes with the child's intellectual, social and personal adjustment; h. The child is diagnosed to be mentally retarded by a qualified professional; i. The child is at risk for a diagnosis described above in items e through h, due to prenatal exposure to toxins, a history of abuse or serious neglect, or genetic history. j. The child meets all of the medical criteria and disability requirements for Supplemental Security Income (SSI).
--	--

3. If medical conditions or mental, physical, or emotional disabilities were checked above, check all that apply:

- Mental Retardation
- Blind or Visually Impaired
- Deaf or Hard of Hearing
- Physically Disabled
- Emotionally Disturbed
- Learning Disability
- HIV
- Other Medically Diagnosed Condition

E. Adoption Subsidy/Financial Support

1. Was the child adopted with an Adoption Assistance Agreement?

	a. Yes b. No
--	-----------------

If yes, date Adoption Assistance Agreement Signed: _____

Funding Source:

	a. Title IV-E b. Title IV-B c. SAF (Private Agency Only)
--	--

Amount of Cash Payment: \$ _____

2. Has or will there be Reimbursement of Non-recurring Adoption Costs of adoption to the Adoptive Parents?

	a. Yes b. No
--	-----------------

3. Does the child receive support under Title XVI (SSI)?

	a. Yes b. No
--	-----------------

4. Is the child eligible for Title XIX (Medicaid)?

	a. Yes b. No
--	-----------------

II. HISTORY OF BIRTH PARENTS (OR LAST ADOPTIVE PARENTS)

A. BIRTH PARENT #1 (biological or previous adoptive FATHER if applicable)

First: _____
Middle: _____
Maiden: _____
Last: _____
Generation (Jr., Sr., III, etc.) _____

2. Address (Street, City, State, Zip): _____

3. Date of Birth: _____

4. Place of Birth: (City or Town) _____; (State) _____; (County) _____;
(Country); _____

5. Race (must check at least one, check all that apply)

- American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Abandoned

Is the individual of Hispanic origin? Yes No

6. Nationality/Ethnicity: _____

7. Sex

- a. Male
 b. Female

8. Education:

Highest Grade Completed:

GED: a. Yes
b. No

College? Yes No

Vocational School? Yes No

9. Occupation

<input style="width: 100%; height: 100%;" type="text"/>	a. Unknown b. Unemployed c. Professional d. Supervisor/Manager/Proprietor e. Clerical/Sales/Crafts f. Service/Laborer/Farmer g. Military h. Clergy i. Trade j. Retired k. Student l. Disabled
---	--

10. Marital Status at time of child's birth

<input style="width: 100%; height: 100%;" type="text"/>	a. Unknown b. Single c. Divorced d. Married to Birth Parent 2 e. Married to Legal Father f. Married to Adoptive Spouse g. Widowed
---	---

11. Marriages of Birth Parent #1

	Name	Date Married	Date Terminated	How (Death, Divorce, Etc.)
PRESENT SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				

12. Has Birth Parent #1 at any time been married to birth parent #2? Yes No

13. If Birth Parent #1 is deceased, date: _____ How Verified? _____

14. Cause of Death (attach copy of death certificate): _____

15. Date of Birth Parent #1's Parental Rights Terminated by Court Order, or Date of Voluntary Consent, Relinquishment, or Date of Death, Date Judicially Determined not to be the father, or Date of Order that Consent Not Necessary: _____

16. If Pre-Placement Assessment of Adoptive Parents is required, date given to Birth Parent #1: _____

B. LEGAL FATHER (The legal father is the man who is/was married to the birth mother and the child was born during the marriage or within 280 days after they divorced or after they separated pursuant to a written separation agreement or court order)

1. Name of Legal Father:

First: _____
Middle: _____
Last: _____
Generation (Jr., Sr., III, etc.) _____

2. Date of Legal Clearance of the Legal Father: _____

C. BIRTH PARENT #2 (biological or previous adoptive Mother if applicable)

1. Name of Birth Parent #2 (or Last Adoptive Parent #2)

First: _____
Middle: _____
Maiden: _____
Last: _____
Generation (Jr., Sr., III, etc.) _____

2. Address (Street, City, State, Zip): _____

3. Date of Birth: _____

4. Place of Birth: (City or Town) _____; (State) _____; (County) _____;
(Country); _____

5. Race (must check at least one, check all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Abandoned

Is the individual of Hispanic origin? Yes No

6. Nationality/Ethnicity: _____

7. Sex

- a. Male
- b. Female

8. Education:

Highest Grade Completed:

GED:

- a. Yes
- b. No

College? Yes No

Vocational School? Yes No

9. Occupation

- a. Unknown
- b. Unemployed
- c. Professional
- d. Supervisor/Manager/Proprietor
- e. Clerical/Sales/Crafts
- f. Service/Laborer/Farmer
- g. Military
- h. Clergy
- i. Trade
- j. Retired
- k. Student
- l. Disabled

10. Marital Status at time of child's birth

- a. Unknown
- b. Single
- c. Divorced
- d. Married to Birth Parent 1
- e. Married to Legal Father
- f. Married to Adoptive Spouse
- g. Widowed

11. Marriages of Birth Parent #2

	Name	Date Married	Date Terminated	How (Death, Divorce, Etc.)
PRESENT SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				

12. If Birth Parent #2 is deceased, date: _____ How Verified? _____

13. Cause of Death (attach copy of death certificate): _____

14. Date of Birth Parent #2's Parental Rights Terminated by Court Order, or Date of Voluntary Consent, Relinquishment, or Date of Death, Date Judicially Determined not to be the father, or Date of Order that Consent Not Necessary: _____

15. If Pre-Placement Assessment of Adoptive Parents is required, date given to Birth Parent #2: _____

III. HISTORY OF ADOPTIVE PARENTS

A. ADOPTIVE PARENT #1

1. Name of Adoptive Parent #1

First: _____ Middle: _____ Maiden: _____ Last: _____ Generation (Jr., Sr., III, etc.) _____

2. Date of Birth: _____

3. Place of Birth: (City or Town) _____; (State) _____; (County) _____; (Country); _____

4. Race (must check at least one, check all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Abandoned

Is the individual of Hispanic origin? Yes No

5. Nationality/Ethnicity: _____

6. Sex

	a. Male b. Female
--	----------------------

7. Education:

Highest Grade Completed:

GED:

a. Yes
b. No

College? Yes No

Vocational School? Yes No

8. Occupation

	a. Unknown b. Unemployed c. Professional d. Supervisor/Manager/Proprietor e. Clerical/Sales/Crafts f. Service/Laborer/Farmer g. Military h. Clergy i. Trade j. Retired k. Student l. Disabled
--	--

9. Annual Income: \$ _____

10. Marital Status

	a. Single b. Divorced c. Married to Biological Parent d. Married to Adoptive Spouse e. Widowed f. Married/Waiver Spouse Not Joining
--	--

11. Marriages of Adoptive Parent #1

	Name	Date Married	Date Terminated	How (Death, Divorce, Etc.)
PRESENT SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				
PRIOR SPOUSE:				

12. Relationship to Adoptee (check all that apply):

- Not Related
- Relative
- Step Parent
- Foster Parent

If related, how verified? _____

B. ADOPTIVE PARENT #2

1. Name of Adoptive Parent #2

First: _____ Middle: _____ Maiden: _____ Last: _____ Generation (Jr., Sr., III, etc.) _____

2. Date of Birth: _____

3. Place of Birth: (City or Town) _____; (State) _____; (County) _____;
 (Country); _____

4. Race (must check at least one, check all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Abandoned

Is the individual of Hispanic origin? Yes No

5. Nationality/Ethnicity: _____

6. Sex

	a. Male b. Female
--	----------------------

7. Education:

Highest Grade Completed:

GED: a. Yes
b. No

College? Yes No

Vocational School? Yes No

8. Occupation

	a. Unknown b. Unemployed c. Professional d. Supervisor/Manager/Proprietor e. Clerical/Sales/Crafts f. Service/Laborer/Farmer g. Military h. Clergy i. Trade j. Retired k. Student l. Disabled
--	--

9. Annual Income: \$ _____

10. Marital Status

	a. Single b. Divorced c. Married to Biological Parent d. Married to Adoptive Spouse e. Widowed f. Married/Waiver Spouse Not Joining
--	--

11. Marriages of Adoptive Parent #2

Name	Date Married	Date Terminated	How (Death, Divorce, Etc.)
PRESENT SPOUSE:			
PRIOR SPOUSE:			
PRIOR SPOUSE:			
PRIOR SPOUSE:			
PRIOR SPOUSE:			
PRIOR SPOUSE:			
PRIOR SPOUSE:			

12. Relationship to Adoptee (check all that apply):

- Not Related
- Relative
- Step Parent
- Foster Parent

If related, how verified? _____

C. HOME OF ADOPTIVE PARENTS

1. County of Residence at time of filing Adoption Petition: _____

2. Present Address of Adoptive Parents (Number and Street, City, State, Zip): _____

3. Telephone Number: (Home) _____ (Work) _____

D. FEES (List type and amount of all expenses, fees, or other charges incurred, paid, or to be paid in connection with the adoption that can **reasonably be ascertained** by the Agency)

Amount:

Paid to:

E. THE FOLLOWING REPORT EVALUATES INFORMATION SECURED AS A RESULT OF THE STUDY OF THE PROPOSED ADOPTIVE HOME AND INCLUDES A FINDING CONCERNING THE SUITABILITY OF THE PETITIONER(S) AND THE PETITIONER(S) HOME FOR THE ADOPTEE AND A RECOMMENDATION AS TO WHETHER THE GRANTING OF THE DECREE OF ADOPTION SHOULD BE ENTERED.

MUST CHECK ONE OF THE FOLLOWING:

- Recommend that the Decree of Adoption be entered
 Do not recommend that the Decree of Adoption be entered

Note: Please refer to DSS-1808 instructions (<http://info.dhhs.state.nc.us/olm/forms/dss/dss-1808I.pdf>) and N.C.G.S. § 48-2-502(b) (5) for requirements of narrative and recommendation decision.

Required Narrative:

Name of Agency Worker Completing the Report to the Court: _____

Date Completed: _____

Signature of Director of Social Services of _____ County

Signature of Executive Director of _____ Licensed Child Placing Agency

Filed this _____ day of _____
(Month) (Year)

Signature of the Clerk of Court of _____ County

NOTE: One Form DSS-1808 Report on Proposed Adoption is completed by the county department of social services or licensed private child-placing agency. It is then provided to the Clerk of Superior Court who forwards it with the Decree of Adoption to the Division of Social Services, Department of Health and Human Services.

STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
BEFORE THE CLERK

_____ COUNTY

_____ SP _____

(Full name of petitioning parent 1)

(Full name of petitioning parent 2)

FOR THE ADOPTION OF

**REPORT TO VITAL RECORDS
(NOT STEPPARENT OR ADULT)**

(Full name by which adoptee is to be known)

Petition for adoption was filed on the _____ day of _____, _____.

The undersigned Clerk of the Superior Court approved the adoption and granted a Decree of Adoption for said child to the petitioner(s), _____ and _____,
(Full name of petitioning parent 1) (Full name of petitioning parent 2)

on the _____ day of _____, _____, and ordered that the said child shall be known as _____ as provided by law.
FIRST MIDDLE LAST
(Full name by which adoptee is to be known)

The court authorizes the _____ Vital Records Office to prepare a new birth
(State of child's birth)

certificate for said child which shall contain the full adoptive name of child, sex, race, date of birth, full name of adoptive parent 1, and full name of adoptive parent 2, according to the following information which is believed to be accurate. The new certificate shall contain no reference to the adoption of the child and shall not refer to the adoptive parents in any way other than as the adoptee's parents.

This _____ day of _____, _____

Clerk Superior Court

(S E A L)

_____ County

CHILD

Full name of child _____ Sex _____ Race _____
(As entered on original or most recent birth certificate)

Date of birth _____
(Month) (Day) (Year)

Place of birth _____
(City or town) (County) (State or foreign country)

If birth occurred in a hospital or institution, give name and address _____

Full name of bio or prior adoptive parent 1/BIRTH FATHER if applicable _____ Race _____ Sex _____
(First) (Middle) (Maiden) (Married)

Full name of bio or prior adoptive parent 2/BIRTH MOTHER if applicable _____ Race _____ Sex _____
(First) (Middle) (Maiden) (Married)

Full name of legal father _____ Race _____ Sex _____

ADOPTIVE PARENT 1

Full name _____ Race _____ Sex _____
(First) (Middle) (Maiden) (Married)

Date of birth _____ Place of birth _____
(Month) (Day) (Year) (County) (State or foreign country)

Relationship to child _____ Single parent: Yes _____ No _____

ADOPTIVE PARENT 2

Full name _____ Race _____ Sex _____
(First) (Middle) (Maiden) (Married)

Date of birth _____ Place of birth _____
(Month) (Day) (Year) (County) (State or foreign country)

Relationship to child _____ Single parent: Yes _____ No _____

Present address of adoptive parent(s): _____
(address)

(City) (State) (Zip Code)

Telephone No. _____

NOTE: One DSS-1815 is filled in by the Department of Social Services or licensed private child-placing agency for presentation to the Clerk of Superior Court. When the Decree of Adoption is issued, the Clerk signs the DSS-1815 and forwards it to the Division of Social Services, State Department of Health and Human Services, to be referred to the Vital Records Office of the state in which the child was born.

STEP-PARENT ADOPTIONS

ADDITIONAL ATTACHMENTS

STEP-PARENT ADOPTIONS

From North Carolina Department of Health and Human Services:

1. Certified Copy of any court order terminating the rights of a parent or guardian of adoptee.
Certified copy of any court order or pleading in a pending proceeding concerning custody of or visitation with the adoptee.
2. A writing that states the names of any individual whose consent maybe required, but who has not executed a consent or whose parental rights have not been terminated.
3. A copy of any agreement to release past-due child support payments.
4. Proof of Service Notice by petitioner(s) to appropriate persons or certified copies of any written waivers of that notice by those persons. G.S. 48-2-401; G.S. 48-2-407.
 - a. NOTE: This includes any possible father who has not executed a consent or denial of paternity, had his rights terminated or been judicially determined not to be the father. It also includes notice to (1) the spouse of the petitioner if the joinder requirement may be waived, but effective for petitions filed on or after 10/01/05, this notice may be waived and (2) a minor whose consent has not been required by the clerk.
 - b. When notice is given and a possible father does not respond within 30days, 40 days to notice by publication, G.S. 48-3-603(a)(7) provides that his consent to the adoption is not required. Effective with petitions files on or after 10/01/05, the clerk must enter an order finding his consent is not necessary because he did not respond under G.S. 48-2-207. If publication is used, the petitioner must file an affidavit showing due diligence in trying to find the father. Rule 4(j1) and (j2) of the Rules of Civil Procedure.
 - c. If a father or possible father does respond the clerk must hold a hearing to determine whether his consent is required under G.S. 48-3-601, setting out steps fathers must take to preserve their rights in an adoption. This hearing may be transferred to a district court judge pursuant to GS 48-2-601(a1).

STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
BEFORE THE CLERK

_____ COUNTY

_____ SP _____

AFFIDAVIT

(Full name of petitioning parent 1)

DISCLOSURE OF FEES & EXPENSES

(Full name of petitioning parent 2)

FOR THE ADOPTION OF

(Full name by which adoptee is to be known if adoption granted)

In accordance with G.S. 48-2-602, this Affidavit is being made to account for any payments or disbursements made or agreed to be made by petitioner(s) in connection with this adoption and is being filed with the court at least 10 days before entry of the Final Decree. This affidavit includes the amount each payment or disbursement and name and address of each recipient as allowed by G.S. 48-10-103.

Description of Expenses/Fees	Name & Address of Recipient	Amount

Adoptive Parent 1

Adoptive Parent 2

STATE OF NORTH CAROLINA

_____ COUNTY

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

(SEAL)

Notary Public

My commission expires: _____

Note:

One DSS-5191 is filled in by the adoptive parent(s) for presentation to the Clerk of Superior Court who then forwards it to the Division of Social Services, State Department of Health and Human Services.

STATE OF NORTH CAROLINA

_____ COUNTY

CONSENT OF CHILD FOR ADOPTION

I, _____, being duly sworn, declare:
(Original Name of Child)

1. That I was born on the _____ day of _____, that my present address is _____

2. By executing this document, I am voluntarily consenting to my adoption by _____
(Full name of petitioning parent 1)
and _____
(Full name of petitioning parent 2)

3. That after the Consent is signed and acknowledged in accord with the procedures set forth in G. S. 48-3 -605, I understand that it may be revoked within 7 calendar days following the day on which it is executed, inclusive of weekends and holidays. If the final day of the period falls on a weekend or a North Carolina or federal holiday, then the revocation period extends to the next business day. Unless thus revoked in accord with G. S. 48-3-608, my Consent is otherwise final and irrevocable and may not be withdrawn or set aside except under a circumstance set forth in G. S. 48-3-609;

4. That I have been informed that the name and address of the person where any notice of revocation of this Consent can be sent are as follows:

5. That the Consent shall be valid and binding and is not affected by any oral or separate written agreement between myself and the adoptive parent(s);

6. That in relation to my adoption, I have not received or been promised any money or anything of value for my Consent;

7. That in executing this Consent, I understand that when the adoption is final, all rights and obligations of my former parents or guardian will be extinguished, and every aspect of the legal relationship between myself and my former parents or guardian will be terminated;

8. That I have read or had read to me and understand this Consent; been advised that counseling services may be available through the county department of social services or a licensed child-placing agency; and been advised of my right to consult with any legal counsel already appointed for me.

Signature - Adoptee's Original Name

Address

STATE OF NORTH CAROLINA

_____ COUNTY

I, _____, do hereby certify
(Name of official)

that _____ personally appeared before me this day
(Original name of adoptee)

and acknowledged the due execution of the foregoing document and that this document has been sworn to (or affirmed) and subscribed before me. I further certify to the best of my knowledge and belief that the adoptee executing the Consent: read, or had read to him or her, and understood the Consent; signed the Consent voluntarily; received an original or a copy of his or her fully executed Consent; and was advised that counseling services may be available through county departments of social services or licensed child-placing agencies.

I certify that I, the undersigned, am a Notary Public or one otherwise empowered to administer oaths or take acknowledgments.

Witness my hand and seal this the _____ day of _____

at _____
(Place of Consent)

(S E A L)

Signature _____

Title _____

My commission expires _____

Note:

Form DSS-1803 is prepared in duplicate and is to be signed by the child being adopted who is twelve years of age or over when the Petition for Adoption was filed or who becomes twelve years of age before the granting of the Decree of Adoption. The **original** form is presented to the Clerk of Superior Court who then forwards it with the Petition and other Consents to the Division of Social Services, State Department of Health and Human Services. **One copy is given to the adoptee.**