CFS 435-2
Rev. 5/77

State of Illinois
Department of Children and Family Services

SURRENDER TO AN AGENCY FOR PURPOSES OF ADOPTION OF AN UNBORN CHILD(REN)

I, _____ (father), state:

That I am the father of a child or children expected to be born on or about _____

to _____ (name of mother).

That I reside at _____, County of _____

and State of _____.

That I am of the age of _____ years.

That I do hereby surrender and entrust the entire custody and control of such child or children to the State of Illinois Department of Children and Family Services, a public child welfare agency with its principal office in the City of Springfield, County of Sangamon, and State of Illinois, for the purpose of enabling it to care for and supervise the care of such child or children, to place such child or children for adoption and to consent to the legal adoption of such child or children, and that I have not previously executed a consent or surrender with respect to such child or children.

That I hereby grant to said Department through its authorized agent, the Guardianship Administrator, full power and authority to place such child or children with any person or persons it may in its sole discretion select to become the adopting parent or parents and to consent to the legal adoption of such child or children by such person or persons; and to take any and all measures which, in the judgment of said Agency, may be for the best interests of such child or children, including authorizing medical, surgical and dental care and treatment, including inoculation and anesthesia for such child or children.

That I wish to and understand that by signing this surrender, I do irrevocably and permanently give up all custody and other parental rights I have to such child or children. That I hereby waive any rights to notice I may have to any hearing brought in behalf of such child or children.

THAT I UNDERSTAND I CANNOT UNDER ANY CIRCUMSTANCES, AFTER SIGNING THIS SURRENDER, CHANGE MY MIND AND REVOKE OR CANCEL THIS SURRENDER OR OBTAIN OR RECOVER CUSTODY OR ANY OTHER RIGHTS OVER SUCH CHILD OR CHILDREN, EXCEPT THAT I HAVE THE RIGHT TO REVOKE THIS SURRENDER BY GIVING WRITTEN NOTICE OF MY REVOCATION NOT LATER THAN 72 HOURS AFTER THE BIRTH OF SUCH CHILD OR CHILDREN.

That I have read and understand that above and I am signing it as my free and voluntary act.

Dated this _____ day of _____ 20_____

_____

_____ | _____
Witness | Date

DCFS is an equal opportunity employer, and prohibits unlawful discrimination in all of