

IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT,
IN AND FOR MIAMI-DADE COUNTY, FLORIDA

IN THE MATTER OF
THE TERMINATION OF PARENTAL RIGHTS
FOR THE PROPOSED ADOPTION
OF A MINOR CHILD:

CASE NO.: _____
FAMILY DIVISION

AAA
DOB: _____

A Minor Child.
_____ /

CONSENT TO ADOPTION AND WAIVER BY PARENT

1. I, DDD, am the biological mother of the minor child subject to this consent who is:

Child's Current Name	Gender	Birth date	Birthplace
AAA	Male	_____	Miami, Miami-Dade, Fl.

2. I relinquish all rights to, permanent custody of, and any and all time-sharing with the male minor child, AAA, whose date of birth is _____, and who was born in Miami, Miami Dade, Florida with full knowledge of the legal effect of the adoption and consent to the adoption by the child's prospective adoptive parents that have been identify by the adoption entity.

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.

4. I further acknowledge that my consent is not given under fraud or duress.

5. I understand that there is a “revocation period” in Florida during which I may revoke my consent. If the minor to be adopted is older than 6 months of age at the time of the execution of the consent, the consent to adoption is valid upon execution; however, it is subject to a revocation period of 3 (three) business days.

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and forever giving up all my parental rights to and interest in the minor child and that this consent may only be withdrawn if the Court finds it was obtained by fraud or duress.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

7. I consent, release, and give up permanently, of my own free will, my parental rights to the minor child, AAA, for the purpose of adoption.

8. I waive any further notice of the adoption proceeding.

9. 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 the judgment terminating parental rights.”

10. 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 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.

Initial _____

Dated: _____

Signature of Parent: _____

Printed Name: DDD

Address: _____

City, State, Zip: _____

Telephone Number: _____

Witness signature:

Witness signature

Print Name Above:

Print Name Above:

Address:

Address

Phone:

Phone:

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

I HEREBY CERTIFY that on this day, before me, the undersigned Notary Public, personally appeared DDD, well known to be the person described herein and/or who has produced a State of Florida Identification as valid identification and who, after first being duly sworn, deposes and states that she executed the foregoing consent and acknowledgment before me and that she executed same freely and voluntarily for the purposes therein expressed.

SWORN TO and subscribed before me this _____ day of _____
20____, at _____ (time).

Print/Type Name of Notary
My commission expires:

Notary Public, State of Florida

Initial _____

I hereby confirm that I have received an exact copy or duplicate original of this executed Consent and Waiver for Adoption, which I signed on _____, _____ 20__.

DDD

Date

Initial_____