

STATE OF NORTH CAROLINA

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

_____ COUNTY

_____ SP _____

Full name of petitioning parent

PETITION FOR ADOPTION

OF A MINOR CHILD

(STEPPARENT)

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:

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

whose address is:

(Street & Number) (RFD) (City) (County) (State) (Zip Code)

do hereby petition the Court to adopt _____,
(Name by which the adoptee is to be known)

a _____ minor child, and do represent to the Court:
(Sex)

1. That the petitioner herein seeking adoption has lived in or been domiciled in North Carolina for at least six consecutive months immediately preceding the filing of this Petition; or the adoptee has lived in North Carolina for at least six consecutive months immediately preceding the filing of this Petition or from birth.

2. That the petitioner's spouse is the parent of the adoptee and has had legal and physical custody of the child since _____ under the following circumstances: _____

The child has resided primarily with this parent and the petitioner during the six months immediately preceding the filing of the Petition, or a waiver of that requirement is sought under G.S. 48-4-101(3) for the reasons set out in #13 below;

3. That all necessary consents, relinquishments, or terminations of parental rights have or will be obtained and will be filed as additional documents with the Petition; that all necessary parties to this proceeding are properly before the Court or a document listing the names of any other individuals whose consent or termination of rights may be necessary but has not been obtained is attached.

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

5. That as far as petitioner is 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 the affidavit required by the Uniform Child Custody Jurisdiction Act, N.C.G.S. 50A-1, et. seq., if applicable, is attached to the Petition.

7. That petitioner seeking adoption herein is presently [single] [married]. _____
(Date of Marriage to Parent of Adoptee)

(Name of Spouse) (Sex)

and, if applicable _____
(Date Marriage Terminated by Death of Parent of Adoptee)

8. That petitioner desires and agrees to adopt and treat the adoptee as the petitioner's lawful child and desires that the relationship of parent and child be established between him/her and said child; and upon adoption, the said adoptee shall inherit real and personal property by, through, and from the said petitioner in accordance with the statutes of descent and distribution.

9. Enter any special allegation not yet given, such as child over 12 years of age, whether spouse is deceased or has been adjudicated incompetent, waiver sought under G.S. 48-4-101(3), etc.

WHEREFORE, YOUR petitioner prays that the relationship of parent and child be established between petitioner 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 _____ day of _____, _____

_____ Petitioner

_____ being duly sworn, depose and say
Full name of petitioning parent

that _____ has read the foregoing Petition and that the facts set forth therein are true to _____ own knowledge, except as to matters therein set forth upon information and belief, and as to such matters _____ believes them to be true.

_____ Petitioner

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

(S E A L)

Clerk Superior Court or Notary Public

My commission expires _____

_____ Attorney for Petitioner	_____ (Mailing Address)
_____ (Telephone Number)	_____ (City or Town)

NOTE:
The DSS-5162 is prepared in triplicate. The original form is held in the Office of the Clerk of Superior Court; a copy is forwarded within ten days 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 which is 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

_____ 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
_____ COUNTY

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

(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)

<input type="text"/>	a. Public Agency b. Private agency c. Tribal Agency d. Independent Person e. Birth Parent f. Other Relative g. District Court
----------------------	---

<input type="text"/>	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?

<input type="checkbox"/>	a. Yes
<input type="checkbox"/>	b. No

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

<input type="checkbox"/>	<p>a. The child is six years of age or older;</p> <p>b. The child is two years of age or older and a member of a minority race or ethnic group;</p> <p>c. The child is a member of a sibling group or three or more children to be placed in the same adoptive home;</p> <p>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;</p> <p>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;</p> <p>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;</p> <p>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;</p> <p>h. The child is diagnosed to be mentally retarded by a qualified professional;</p> <p>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.</p> <p>j. The child meets all of the medical criteria and disability requirements for Supplemental Security Income (SSI).</p>
--------------------------	---

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?

<input type="checkbox"/>	a. Yes
	b. No

If yes, date Adoption Assistance Agreement Signed: _____

Funding Source:

<input type="checkbox"/>	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?

<input type="checkbox"/>	a. Yes
	b. No

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

<input type="checkbox"/>	a. Yes
	b. No

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

<input type="checkbox"/>	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

<input type="checkbox"/>	a. Male
<input type="checkbox"/>	b. Female

8. Education:

Highest Grade Completed:

GED: a. Yes
b. No

College? Yes No

Vocational School? Yes No

9. Occupation

<input style="width: 60px; height: 30px;" type="text"/>	<ul style="list-style-type: none"> 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: 60px; height: 30px;" type="text"/>	<ul style="list-style-type: none"> 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 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 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

<input type="checkbox"/>	a. Male
<input type="checkbox"/>	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:

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: The 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

_____ COUNTY

CONSENT TO ADOPTION

BY PARENT WHO IS SPOUSE OF STEPPARENT

(STEPPARENT ADOPTION)

I, _____, declare:

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

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

3. That I am the [mother] [father] of _____, a _____
(Original Name of Child) (Sex)

child, born on the _____ day of _____, _____, in _____
(City or Town) (County)

(State/Country);

4. That I have legal and physical custody of the adoptee, and the child has resided primarily with me and his/her stepparent since _____;

5. That I hereby voluntarily consent to the adoption of said child by his/her stepparent, _____
_____, who is my spouse;
(Full name of petitioning stepparent)

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 parent;

7. That I understand that when the adoption is final, the legal relation of parent and child between adoptee and the adoptee's birth or prior adoptive [mother] [father] will be terminated, including all rights of the adoptee to inherit as a child from and through _____, and that the adoption
(Full name of birth or prior adoptive mother/father)

will extinguish any existing court order of custody, visitation, or communication with the adoptee, except that _____ will remain liable for past due child
(Full name of birth or prior adoptive mother/father)
support payments unless legally released from this obligation;

8. That I understand that the adoption **will not terminate** the legal relation of parent and child between myself and the adoptee;

9. 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;

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

11. That I have read or had read to me and understand 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 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.

15. 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.

16. 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]

Address

STATE OF NORTH CAROLINA

_____ COUNTY

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

that _____ personally appeared before me this day
Name of [Mother] [Father]

and acknowledged the due execution of the foregoing document. I further certify to the best of my knowledge and belief that the parent 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 the 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 acknowledge signatures under Chapter 47 of the General Statutes of North Carolina.

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

at _____
(Place of Consent)

(S E A L)

Signature _____

Title _____

My commission expires _____

Note:

The original Consent to Adoption by Parent Who is Spouse of Stepparent 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.