

STATE OF NORTH CAROLINA

_____ COUNTY

CONSENT TO ADOPTION

BY PARENT WHO IS NOT THE STEPPARENT'S SPOUSE

(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 hereby voluntarily consent to the adoption of said child by his/her stepparent, _____

(Full name of petitioning stepparent)

5. That I voluntarily consent to the transfer of any right I have to legal or physical custody of the adoptee to the petitioning stepparent and the child's other parent, _____
(Spouse of petitioner);

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 me **will be terminated**, including all rights of the adoptee to inherit as a child from and through me, and that the adoption will extinguish any existing court order of custody, visitation, or communication with the adoptee, except that I will remain liable for past due child support payments, unless legally released from this obligation;

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 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;

11. 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:

12. 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:

13. 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.

14. 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:

This form is prepared in duplicate. The original Consent to Adoption by Parent Who is Not the Stepparent's Spouse 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

_____ COUNTY

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

_____ 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 biological ☐ parent 1 ☐ parent 2 or ☐ previous adoptive parents. 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 _____, _____.

(S E A L)

Clerk Superior Court

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

CONSENT OF CHILD FOR ADOPTION
(Stepparent Adoption)

I, _____, being duly sworn, declare:

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 stepparent)
3. That I understand that my Consent may be revoked at any time before the Decree of Adoption is entered by filing written notice with the Court in which the adoption petition is pending, which is _____;
_____;
4. 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);
5. That in relation to my adoption, I have not received or been promised any money or anything of value for my Consent;
6. That I understand that the adoption will not terminate the legal relationship of parent and child between myself and my parent, _____, who is the stepparent's spouse.
(Name)
I further understand that the adoption will terminate the legal relationship of parent and child between myself and my parent, _____, who is not the stepparent's spouse,
(Name)
including all my rights to inherit from or through that parent, and will extinguish any court order of custody, visitation, or communication with me, except that such parent's obligation for past due child support payments will remain unless legally released from that obligation; and,
7. 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 that
(Name of Official)

_____ 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 acknowledgements.

Witness my hand and seal this the _____ day of _____

at _____
(Place of Consent)

Signature _____

(SEAL)

Title _____

My commission expires _____

Note:

Form DSS-5169 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 is 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/Relinquishments to the Division of Social Services, State Department of Health and Human Services. A **signed copy** is given to the adoptee.

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

REVOCATION OF CHILD'S CONSENT TO ADOPTION

I, the undersigned, declare that I am a minor child 12 years of age or older who was born on the _____
day of _____, _____, in _____
(City or town) (County)

_____, and that I am a legal resident of _____
(State) (City or town)

_____ I hereby revoke consent to my adoption by
(County) (State)

_____ and _____
(Full name of petitioning father) (Full name of petitioning mother)

the petitioner(s), as given on the _____ day of _____

Signature of Minor Child

Address

STATE OF NORTH CAROLINA

_____ COUNTY

I, _____, certify that
(Name of official)

_____ personally appeared before me on this
(Name of minor)
day and acknowledged the 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: _____

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Note:

Form DSS-5168 is prepared in triplicate. The **original** is to be sent by the Clerk of Superior Court to the county department of social services or licensed child-placing agency; **one copy is given to the minor child**; and one copy is sent by the Clerk of Court to the Division of Social Services, State Department of Health and Human Services, along with other portions of the adoption proceeding.

STATE OF NORTH CAROLINA

_____ COUNTY

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

_____ SP _____

Full name of petitioning parent

FOR THE ADOPTION OF

REPORT TO VITAL RECORDS
(STEPPARENT ADOPTIONS)

(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, _____,

(Full name of petitioning stepparent)

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 father or mother, as well as the biological parent who is the spouse of the adoptive parent, 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 parent in any way other than as the adoptee's parent.

This _____ day of _____, _____

(S E A L)

Clerk Superior Court

County

CHILD

Full name of child _____ Sex _____ Race _____
(As entered on original 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 birth or
prior adoptive parent 1 _____ Race _____ Sex _____
(First) (Middle) (Maiden) (Married)

Full name of birth or
prior adoptive parent 2 _____ Race _____ Sex _____
(First) (Middle) (Maiden) (Married)

Full name of legal father _____ Race _____ Sex _____

ADOPTIVE STEPPARENT

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

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

BIOLOGICAL PARENT WHO IS SPOUSE OF STEPPARENT

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 _____

Where did adoptive parent live at the time the Petition for Adoption was filed: _____

(County)

Present address of adoptive parent: _____
(address)

(City) (State) (Zip Code)

Telephone No. _____

NOTE: One DSS-5170 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-5170 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.

STATE OF NORTH CAROLINA

_____ COUNTY

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

_____ SP _____

(Full name of petitioning parent 1)

(Full name of petitioning parent 2)

PETITION FOR
ADULT ADOPTION

FOR THE ADOPTION OF

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

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

We (1), the undersigned, _____
(Name of petitioning parent 1) (Sex) (Marital Status)

and/or _____ whose address is
(Name of petitioning parent 2) (Sex) (Marital Status)

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

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

_____, an adult, pursuant to N.C.G.S. 48-5-100, et. seq., and represent to the Court:
(Sex)

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 ☐ 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 _____ was born in the State/Country of _____
(Original Name of Adult Adoptee)
_____ on the _____ day of _____
3. That the petitioner(s) is/are [related] [not related] to the said adult adoptee in the following manner:

4. That the following are the name, age, and last known address of any adult child of the prospective adoptive parent, including an adult previously adopted by the prospective adoptive parent or the adoptive parent's spouse, and the date and place of the adoption:

5. That the following are the name, age, and last known address of any living parent, spouse, or adult child of adoptee:

6. That the following is a description and estimate of the value of any property of the adoptee, if adjudicated incompetent:
- _____
7. That the adoptee's true name as it appears on his/her birth certificate is:
- _____
8. That the adoptee is presently married to _____, having been married on or about the _____ day of _____,

WHEREFORE, your petitioner(s) pray(s) that the relationship of parent and child be established between petitioner(s) and said adult and that the adult adoptee's name [remain] [be changed to]

_____ pursuant to G. S. 48-9-102 (g).

This the _____ day of _____,

_____ Signature of Petitioner 1

_____ Signature of Petitioner 2

ACKNOWLEDGMENT

_____, being duly sworn, deposes and says that he/she has read the foregoing Petition and that the facts set forth therein are true to his/her knowledge, except as to matters therein set forth upon information and belief, and as to those such matters he/she believes them to be true.

_____ Signature of Petitioner 1

_____ Signature of Petitioner 2

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

(SEAL)

Clerk Superior Court or Notary Public

My commission expires: _____

(Telephone Number)

(Mailing Address)

(City or Town)

NOTE: The DSS-5163 is prepared in duplicate. The original form is held in the Office of the Clerk of Superior Court. A copy 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.

STATE OF NORTH CAROLINA

_____ COUNTY

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

_____ SP _____

(Full name of petitioning parent 1)

(Full name of petitioning parent 2)

CONSENT TO ADOPTION
BY ADULT ADOPTEE

FOR THE ADOPTION OF

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

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

I, the undersigned, declare that I am an adult over eighteen years of age, or a [married] [emancipated] minor, who was born in the State/Country of _____ on the _____ day of _____

1. I hereby consent to my adoption by _____ and
_____, petitioner(s), and request that my name [remain] [be changed to]

2. I agree to assume toward the adoptive parent the legal relation of parent and child and to have all of the rights and be subject to all of the duties of that relationship; and

3. I understand the consequences the adoption may have for rights of inheritance, property, or support, including the loss of nonvested inheritance rights which existed prior to the adoption and the acquisition of new inheritance rights.

4. I understand I may revoke this Consent at any time before the entry of the Decree of Adoption by delivering a written notice of revocation to the individual to whom the Consent was given. If a petition to adopt has been filed, the notice or revocation shall also be filed with the Clerk of Superior Court in the county where the petition is pending.

This the _____ day of _____

Original Name - Adult Adoptee

Address

STATE OF NORTH CAROLINA

_____ COUNTY

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

that _____ personally appeared before me this day
(Name of adult adoptee)

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:

The DSS-5164 is prepared in duplicate. The **original** form is attached to the Petition for Adult Adoption and forwarded by the Clerk of Superior Court to the Division of Social Services, State Department of Health and Human Services; a copy is given to the consenting adult.

STATE OF NORTH CAROLINA

_____ COUNTY

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

_____ SP _____

(Full name of petitioning parent 1)

(Full name of petitioning parent 2)

CONSENT TO ADULT
ADOPTION BY SPOUSE
OF PETITIONER

(Stepparent Adoption Only)

FOR THE ADOPTION OF

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

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

I, the undersigned, declare that I am an adult over eighteen years of age; that I am the spouse of the petitioner in this stepparent adoption; and that I-

1. Consent to the proposed adoption;
2. Understand that the adoption may diminish the amount I might take from the petitioner through intestate succession or by dissenting to the petitioner's will and may also diminish the amount of other entitlements that may become due to me and any other children of the petitioner through the petitioner; and
3. Believe the adoption will be in the best interest of the adult being adopted and the prospective adoptive parent.

I also understand I may revoke this Consent at any time before the entry of the Decree of Adoption by delivering a written notice of revocation to the individual to whom the Consent was given. If a petition to adopt has been filed, the notice or revocation shall also be filed with the Clerk of Superior Court in the county where the petition is pending.

This the _____ day of _____, _____

Signature of Spouse of Stepparent

Address

STATE OF NORTH CAROLINA

_____ COUNTY

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

that _____ personally appeared before me this day
(Name of Spouse of Stepparent)

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:

The DSS-5165 is prepared in duplicate. The **original** form is attached to the Petition for Adult Adoption and forwarded by the Clerk of Superior Court to the Division of Social Services, State Department of Health and Human Services; a copy is given to the consenting adult.

DSS-5165 (Rev.11/2014)

Children's Services

Page 2 of 2

STATE OF NORTH CAROLINA

_____ COUNTY

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

_____ SP _____

(Full name of petitioning parent 1)

(Full name of petitioning parent 2)

FOR THE ADOPTION OF

DECREE OF
ADULT ADOPTION

(Full name by which adult adoptee is to be known)

This cause coming on to be heard and being heard before the undersigned, the Court, from all the evidence presented in this proceeding, makes the following findings of fact and law:

1. That all necessary parties are properly before the court: and, or, for adoptions filed on or after January 1, 2002 that notice of the adoption petition has been served on any person entitled to receive notice of this proceeding, or that notice has been waived by the court for cause pursuant to G.S. 48-2-401(d).
2. That the adoptee is: ☐ eighteen years of age or older; ☐ a married minor; ☐ an emancipated minor and proper consent to the adoption has been given by him/her in writing and has been filed with this proceeding;
3. That any other necessary consent has been obtained and any other necessary documents or judicial orders have been obtained and filed with the Court;
4. That the adoptee was born in the State/Country of _____ on the _____ day of _____, _____;
5. That a duly verified Petition for Adoption of said adult was filed with this Court by the above-named petitioner(s) on the _____ day of _____, _____;
6. That at least 30 days have elapsed since the filing of the Petition for Adoption or that requirement has been waived for cause by the Court;
7. That this adoption is entered into freely and without duress or undue influence for the purpose of creating the relation of parent and child between each petitioner and the adoptee, and each petitioner and the adoptee understand the consequences of the adoption;
8. That there has been substantial compliance in this proceeding with the provisions of Chapter 48;
9. That the Decree of Adoption establishes the relationship of parent and child between each petitioner and the individual being adopted. From the date of the signing of the Decree, 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.

10. That the Decree of Adoption severs the relationship of parent and child between the individual adopted and that individual's biological ☐ parent 1 ☐ parent 2 or ☐ previous adoptive parents.

NOW THEREFORE, upon the foregoing findings as a matter of law, it is hereby ordered, adjudged, and decreed: that from the date of the entry of this Decree, the adult is declared adopted for life by the petitioner(s) and that said

adult shall henceforth be known by the name of _____
and the State Registrar of Vital Records shall make a new birth certificate for said adult adoptee in accordance with the provisions of Section 48-9-102 (g) of the General Statutes.

This _____ day of _____, _____.

(S E A L)

Clerk of Superior Court

County

NOTE:

Four DSS-5166's are prepared. After the Clerk of Superior Court signs and affixes seal, one form is retained in the Clerk of Superior Court's office; one form is given to petitioners; and **two certified copies** are forwarded, **along with originals of all other documents filed in proceeding**, within ten days by the Clerk of Superior Court to the Division of Social Services, State Department of Health and Human Services - one of which will be attached to the Report to Vital Records and sent to the appropriate state in which the adult was born.

DSS-5166 (Rev. 11/2014)
Child Welfare Services

STATE OF NORTH CAROLINA

_____ COUNTY

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

_____ SP _____

(Full name of petitioning parent 1)

(Full name of petitioning parent 2)

REPORT TO VITAL RECORDS

FOR ADULT ADOPTION

FOR THE ADOPTION OF

(Full name by which adult 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 adult to the petitioner(s), _____ and _____,
(Full name of petitioning parent 1) (Full name of petitioning parent 2)

on the _____ day of _____, _____, and ordered that a new birth certificate shall be established for the adult adoptee in the name of _____.
First Middle Last
[DO NOT Use Married Name for Adoptees]

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

certificate for said adult which shall contain the full adoptive name of adult, 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 adoptee and shall not refer to the adoptive parents in any way other than as the adoptee's parents.

This _____ day of _____, _____.

(S E A L)

Clerk of Superior Court

_____ County

ADOPTEE

Full name of adult _____ Sex _____ Race _____
(As entered on original birth certificate)

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

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

BIOLOGICAL PARENTS

Full name of birth or
prior adoptive parent 1 _____ Race _____ Sex _____
(First) (Middle) (Maiden) (Married)

Full name of birth or
prior adoptive parent 2 _____ Race _____ Sex _____
(First) (Middle) (Maiden) (Married)

Full name of legal father _____ Race _____ Sex _____

(BOTH sections below must be completed, including stepparent adoptions)

ADOPTIVE PARENT 1

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

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

Relationship to adoptee _____ 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 adoptee _____ Single parent: Yes _____ No _____

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

(City) (State) (Zip Code)

Telephone No. _____

NOTE:

One DSS-5167 is filled in by the attorney retained by the petitioner(s) for presentation to the Clerk of Superior Court. When the Decree of Adoption is issued, the Clerk signs the Report to Vital Records and forwards it, together with a certified copy of the Decree of Adoption, within 10 days 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 adult was born.

DSS-5167 (Rev. 11/2014)

Child Welfare Services

Appendix II
ESTATE PLANNING FORMS

1. FORM - REFERENCE TO MEDICARE MEDICAID CONDITIONS OF PARTICIPATION FOR HEALTHCARE POWERS OF ATTORNEY.

ADVANCED DIRECTIVE.

This health care power of attorney, including, without limitation, the appointment of my health care agent(s) hereunder, is an advance directive and all of my health care providers, including, without limitation, those subject to 42 C.F.R. §§ 489.100-489.102 (Conditions for Medicare and Medicaid Participation), wherever located, shall follow the directives contained herein and the directions of my health care agent(s) appointed hereunder without interference from any third parties.

2. FORM - EXCLUSION OF HOSTILE FAMILY MEMBERS FROM NOMINATION AS EXECUTOR, TRUSTEE, AND GUARDIANS

- a. Will – Executor:** In no event shall my _____, _____, and _____, or their issue serve as personal representative of my estate, and I expressly exclude them as persons suitable to serve as personal representative of my estate.
- b. Trust – Trustee:** In no event shall my _____, _____, and _____, or their issue, serve as Trustee and I expressly exclude them as persons suitable to serve as Trustee hereunder.
- c. Power of Attorney – Guardian of Estate:** If it becomes necessary for a court to appoint a guardian of my estate, I nominate my Agent acting under this document to be the guardian of my estate, to serve without bond or security. In no event, shall my _____, _____, and _____, or their issue serve as guardian of my estate and I expressly exclude them as persons suitable to serve as guardian of my estate.
- d. Healthcare Power of Attorney – Guardian of Person:** If it becomes necessary for a court to appoint a guardian of my person, I nominate the persons designated in _____, in the order named, to be the guardian of my person, to serve without bond or security. The guardian shall act consistently with N.C.G.S. 35A 1201(a)(5). In no event shall my _____, _____, and _____, or their issue serve as guardian of my person and I expressly exclude them as persons suitable as guardian of my person.

3. FORM - APPOINTMENT OF AGENT AND DECLARATION OF FINAL DISPOSITON OF REMAINS AT DEATH

STATE OF NORTH CAROLINA
COUNTY OF _____

**APPOINTMENT OF AGENT AND
DECLARATION OF FINAL DISPOSITON
OF REMAINS AT DEATH**

I, [DECLARANT], pursuant to North Carolina General Statutes, Section 130A-420, hereby appoints the following persons in the order named to arrange for the disposition of my remains at my death and further designate the type, place and method of the disposition of my bodily remains as provided herein.

1. Authorization and Appointment of Agent: Pursuant to North Carolina General Statutes, Section 130A-420(a1), I hereby appoint the following person, in the order named, with full, absolute and exclusive authority direct the type, place and method of the disposition of my bodily remains upon my death:

- A. Name: _____
 Home Address: _____

 Home Telephone Number: _____
 Work Telephone Number: _____
 Cellular Telephone Number: _____
- B. Name: _____
 Home Address: _____

 Home Telephone Number: _____
 Work Telephone Number: _____
 Cellular Telephone Number: _____
- C. Name: _____
 Home Address: _____

 Home Telephone Number: _____
 Work Telephone Number: _____
 Cellular Telephone Number: _____

2. Powers of Persons Authorized to Dispose of Remains: I specifically provide the foregoing persons, in the order named, with the full, absolute and exclusive authority to make any and all decisions regarding the disposition of my remains.

3. No Authority of Next of Kin and Third Parties to Interfere with Authority of Named Agents Hereunder: The authority of the forgoing persons, in the order named above, is exclusive and no third persons (including without limitation, next of kin and person listed in North Carolina General Statutes, Section 130A-420(b)) shall have any authority nor shall their consent be required or obtained in connection with the disposition of my bodily remains.

4. Special Instructions: I direct that my bodily remains be cremated and that the foregoing persons, in the order named above, make all reasonable and necessary arrangements in connection with the cremation of my bodily remains and funeral and related services regarding the same.

[OPTOINAL IF FAMILY MEMBERS ARE HOSTILE: Specifically, and without limitation of the foregoing, my _____, _____, my _____, _____ and _____'s issue shall have no authority nor shall their consent be required or obtained in connection with the disposition of my bodily remains.]

I have signed this Appointment Of Agent And Declaration Of Final Disposition Of Remains At Death this _____ day of _____, 20__.

[DECLARANT]

We, _____ and _____, the undersigned witnesses, being first duly sworn, sign our names and declare to the undersigned authority that the said named principal, _____, signs and executes this Appointment of Agent And Declaration of Final Disposition of Remains at Death willingly, that each of us, in the presence and hearing of the principal, signs this instrument as witness to the principal's signing and that to the best of our knowledge the principal is eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Witness

Witness

STATE OF NORTH CAROLINA

COUNTY OF _____

Subscribed and sworn to before me by _____ and
_____, witnesses, both of whom personally appeared before me
this _____ day of _____, 2015.

Notary Public

Notary's Printed or Typed Name

My Commission Expires:

**4. FORM - § 32A-34. STATUTORY FORM AUTHORIZATION TO CONSENT TO
HEALTH CARE FOR MINOR.**

The use of the following form in the creation of any authorization to consent to health care for minor is lawful and, when used, it shall meet the requirements and be construed in accordance with the provisions of this Article.

"Authorization to Consent to
Health Care for Minor."

I, _____, of _____ County, _____, am the custodial parent having legal custody of _____, a minor child, age _____, born _____, _____. I authorize _____, an adult in whose care the minor child has been entrusted, and who resides at _____, to do any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person whose services may be needed for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures.

[Optional: This consent shall be effective from the date of execution to and including , .].

By signing here, I indicate that I have the understanding and capacity to communicate health care decisions and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the agent named herein.

_____(SEAL)
Custodial Parent

Date: _____

STATE OF NORTH CAROLINA

COUNTY OF

On this day of , , personally appeared before me the named , to me known and known to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledges that he (or she) executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

Notary Public

My Commission Expires:

(OFFICIAL SEAL).

5. FORM – GENERAL POWER OF ATTORNEY – PROVISION REQUIRING ACCOUNTINGS.

Accountings. My Agent shall keep full and accurate inventories and accounts of all transactions for me as my Agent. Such inventories and accounts shall be made available for inspection upon request by me or by my guardian or personal representative. Additionally, my Agent shall make such inventories and accountings available for inspection upon request by my attorney, [ATTORNEY NAME] and [OTHER INDIVIDUAL TO REVIEW ACCOUNTINGS]. My Agent shall not be required to file any inventory or accounts with any court or clerk.

[Consider using a similar form for funded revocable trusts.]

6. FORM – GENERAL POWER OF ATTORNEY – PROVISION ALLOWING FOR SUPPORT OF UNMARRIED PARTNER.

SPECIFIC POWERS RELATING TO PERSONAL AFFAIRS

My Agent may exercise the following powers relating to personal affairs:

A. Support. The power to do any acts, including the disbursing of any moneys belonging to me, which, in the opinion of my Agent, may be necessary or proper for any purpose in connection with my support and maintenance of [PARTNER] and me in accordance with my customary standard of living, including, but not limited to, provisions for housing, clothing, food, transportation, recreation, education and the employing of any person whose services may be needed for such purposes;

B. Health Care. The power to disburse any moneys belonging to me, which, in the opinion of my Agent, may be necessary or proper for any purpose in connection with my health care and the health care of [PARTNER], that is, any care, treatment, service or procedure to maintain, diagnose, treat, or provide for my physical or mental health or personal care and comfort and that of , [PARTNER], including, but not limited to, the power to pay for the charges of health care providers, such as any physician, dentist, or podiatrist and any hospital, nursing or convalescent home, or other institution; and

C. Other Personal Affairs. The power to do any acts, including the disbursing of any moneys belonging to me, which, in the opinion of my Agent, may be necessary or proper in connection with the conduct of my other personal affairs, including, but not limited to, (i) continuation, use or termination of any charge or credit accounts, (ii) payments or contributions to any charitable, religious or educational organizations, (iii) dealing with my mail and representing me in any matter concerning the U.S. Postal Service, (iv) continuation or discontinuation of my membership in any club or other organization, and (v) acceptance of or resignation from, on my behalf, any offices or positions which I may hold including any fiduciary positions and appointment of, on my behalf, any fiduciaries which I may have the right to appoint.

D. Residence. My Agent shall also have the following power to take any of the following actions with regard to any residence I may occupy:

1. Retention and Use of Residence. My Agent may retain the interest in the residence and, if retained, shall permit [PARTNER] to use and occupy the residence rent free.

2. Payment of Expenses of Residence. My Agent may pay all expenses incurred in connection with the carrying, upkeep, maintenance and repair of the residence including, without limitation, all mortgage payments, taxes, assessments, insurance and repairs.

3. Purchase of Replacement Residence. If [PARTNER] so desires, my Agent, in my Agent's discretion, may purchase an interest in a replacement residence using such portion of the net proceeds from any sale or other disposition of my interest in the residence, as my Agent, in my Agent's discretion, may determine. To the extent not so used, the net proceeds of any sale or other disposition of my interest in the residence shall be added to my property.

6. FORM – GENERAL POWER OF ATTORNEY – STATEMENT OF INTENT TO RESIDE AND RETURN TO RESIDENCE

**ARTICLE III
INTENT TO RESIDE AND RETURN TO RESIDENCE**

I currently reside at [ADDRESS OF RESIDENCE] ("Residence," which term shall include any replacement residences I may acquire). It is my intent to reside in my Residence and to return to my Residence after any absence, regardless of the circumstances of my absence.

7. FORM – GENERAL POWER OF ATTORNEY – PROVISION RESTRICTING THE SETTLOR'S RIGHT TO REMOVE A TRUSTEE OR AMEND THE TRUST FOR SIXTY (60) DAYS.

NOTE: This form may be useful when a person is subject to undue influence or losing capacity and a trusted family member or friend is trustee. It should not be used if there is any risk that the trustee could abuse the sixty day notice period. Always consider the unintended consequences if the trustee was not acting in the Settlor's best interest. It may be prudent to only use the provisions relative to amendment of the trust. Finally, bear in mind that sixty (60) days' notice provision is only designed to provide time to get expedited relief through the courts.

**"ARTICLE _____
SUCCESSOR TRUSTEE**

The procedure for the removal and resignation of the then acting Trustee of any separate trust without court order and for the appointment of a successor Trustee without court order shall be as follows:

A. Removal of Trustee. The following in the order named shall have the right to remove the Trustee *upon sixty (60) days prior written notice of such removal to the Trustee*. If I am not living and competent, the following, in the order named, shall have such right upon written notice to the Trustee:

1. [FIRST POWER HOLDER], if she is living and competent, and if not,
2. [SECOND POWERHOLDER], if he is living and competent, and if not,
3. A majority of the beneficiaries (other than me) to whom the income of the trust could then be paid. If a beneficiary is a minor or not competent, the appointment on his or her behalf may be made by a person who is (i) the guardian or conservator of the beneficiary's estate or, if none, (ii) the parent of the beneficiary who is an issue of mine or, if no such parent is living and competent, (iii) the other parent of the beneficiary, or if no such parent is living and competent, (iv) the guardian of the person of the beneficiary.

Such removal shall become effective only upon acceptance of the trusteeship by a successor Trustee.

**“ARTICLE _____
AMENDMENT AND REVOCATION**

I reserve the right, *upon sixty (60) days' prior written notice to the Trustee*, to amend or revoke this trust instrument in whole or in part by an instrument delivered to the Trustee. This method of revocation or amendment shall be exclusive to any other method otherwise allowed by law.”

[Note: Bold and italics emphasis are added to this form for illustration only. The drafter will most likely not highlight the text in an actual document.]