

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 father)

and _____,
(Full name of petitioning mother)

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 Unless thus revoked in accord with G. S. 48-3 -608, my Consent is otherwise final and irrevocable and may not be withdrawn or set aside except under a circumstance set forth in G. S. 48-3-609;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 received or been offered an unsigned copy of the 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 or was offered a copy of the 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.**