

STATE OF NORTH CAROLINA

\_\_\_\_\_ COUNTY

**REVOCATION OF RELINQUISHMENT FOR ADOPTION  
BY PARENT OR GUARDIAN**

To \_\_\_\_\_ [County Department of Social Services] or  
[Director of \_\_\_\_\_],  
a licensed child-placing agency in \_\_\_\_\_ County].

I, \_\_\_\_\_, declare that I was born on the \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_; that I am of sound mind and in full possession of my mental faculties;  
that I am the [mother] [father] [guardian] of \_\_\_\_\_, a minor child,  
who was born on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in \_\_\_\_\_ County,  
State of \_\_\_\_\_, [or expected to be born approximately \_\_\_\_\_].

That I hereby revoke the Relinquishment for Adoption of said child, \_\_\_\_\_,  
to \_\_\_\_\_ [County Department of Social Services] or  
[Director of \_\_\_\_\_, a licensed child-placing agency],  
given on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, such Revocation being a voluntary act on my  
part.

**FURTHER**, I understand that the execution of this Revocation may restore my right to legal and physical custody of  
the child and may divest the agency of any right to legal or physical custody and further responsibility for the care and  
support of the minor, as provided by G.S. 48-3-706 (b) and (c).

\_\_\_\_\_  
Signature of [Mother] [Father] [Guardian]

\_\_\_\_\_  
Address

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, do hereby certify  
(Name of official)

that \_\_\_\_\_ personally appeared before me this day  
Name of [Mother] [Father] [Guardian]

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 parent or guardian revoking the Relinquishment may revoke by giving written notice to the agency to which the Relinquishment was given. Notice may be given by personal delivery, overnight delivery service, or registered or certified mail, return receipt requested. The Revocation shall not be effective unless delivered to the appropriate person within the time period prescribed by law, except that notice by mail or overnight delivery service is complete upon deposit in mail, postage prepaid, or with service with delivery charges paid by sender, addressed to the agency at address given in Relinquishment (G.S. 48-3-706). **The parent or guardian is to retain one signed copy of the Revocation of Relinquishment for Adoption.**

STATE OF NORTH CAROLINA

\_\_\_\_\_ COUNTY

ACCEPTANCE OF REVOCATION OF

RELINQUISHMENT FOR ADOPTION

BY PARENT OR GUARDIAN

WHEREAS, it appears to the undersigned that the child, \_\_\_\_\_,

was born on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, [or expected to be born approximately

\_\_\_\_\_ ] to \_\_\_\_\_

(Full name of mother)

and \_\_\_\_\_ in \_\_\_\_\_ County, State of

(Full name of father)

\_\_\_\_\_ ; and

WHEREAS, a Revocation of a Relinquishment of the child by the  mother  father  guardian of said child

to the undersigned was executed on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ ; and

WHEREAS, the Revocation was delivered on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, within the time period prescribed by law;

NOW, THEREFORE, the undersigned hereby accepts the Revocation by \_\_\_\_\_.

(Mother) (Father) (Guardian)

This the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_ of \_\_\_\_\_ County

Signature of Director of Social Services or Authorized Representative

\_\_\_\_\_ by \_\_\_\_\_

Signature of Licensed child-placing agency

Title