

\_\_\_\_\_ COUNTY

\_\_\_\_\_ SP \_\_\_\_\_

\_\_\_\_\_  
(Full name of petitioning parent 1)

\_\_\_\_\_  
(Full name of petitioning parent 2)

**AGENCY'S CONSENT TO 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:

I, the undersigned, declare that I am \_\_\_\_\_  
(Name, title of person, and agency giving consent)

and that I hereby consent to the adoption of \_\_\_\_\_,  
(Name by which the adoptee is to be known)

also known as \_\_\_\_\_, \_\_\_\_\_, who was born on  
(Original name of child) (Sex)

the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in \_\_\_\_\_  
(City or Town)

\_\_\_\_\_ by \_\_\_\_\_  
(County) (State) (Full name of petitioning parent 1)

and \_\_\_\_\_, the petitioner(s), in the above-entitled proceeding.  
(Full name of petitioning parent 2)

- All rights to said adoptee have been released and said adoptee has been relinquished by the
  - birth or prior adoptive parent 1  birth or prior adoptive parent 2
  - guardian of the child to the undersigned for the purpose of consenting to the adoption of said child.

- Parental rights of the  birth or prior adoptive parent 1  birth or prior adoptive parent 2 have been terminated by court action under Article 11 of Chapter 7B, and custody has been placed with the undersigned county department of social services or licensed child-placing agency, which has the authority to consent to the adoption of said child.

- Birth or prior adoptive parent 1 deceased  Birth or prior adoptive parent 2 deceased

\_\_\_\_\_  
Signature and title of person giving consent

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Address

STATE OF \_\_\_\_\_

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

The execution of the foregoing consent by \_\_\_\_\_

to the adoption of \_\_\_\_\_, a minor child,  
(Name of adoptee)

by \_\_\_\_\_ and \_\_\_\_\_,  
(Full name of petitioning parent 1) (Full name of petitioning parent 2)

petitioner(s) in the above-entitled proceeding, was this day sworn to (or affirmed) and subscribed before me.

Witness my hand and seal this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**(S E A L)**

\_\_\_\_\_

Clerk Superior Court or Notary Public

My commission expires \_\_\_\_\_

**NOTE:**

The **original** Form DSS-1801 is to be filed with the Petition for Adoption and sent with the Petition by the Clerk of Superior Court to the Division of Social Services, State Department of Health and Human Services. A Parent's/Guardian's Relinquishment (Form DSS-1804) or certified copy of termination of parental rights must be attached to the Consent.