

STATE OF NORTH CAROLINA

\_\_\_\_\_ COUNTY

CONSENT OF CHILD FOR ADOPTION

1, \_\_\_\_\_, 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 parent 1)

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

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 Unless thus revoked in accord with G. S. 48-3-608, my Consent is otherwise final and irrevocable and may not be withdrawn or set aside except under a circumstance set forth in G. S. 48-3-609;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 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 seek the advice of legal counsel (lawyer).

\_\_\_\_\_  
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 an original or a copy of his or her fully executed Consent; was advised that counseling services may be available through county departments of social services or licensed child-placing agencies; and was advised of the right to seek the advice of legal counsel before executing the Consent.

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)

Signature \_\_\_\_\_

(S E A L)

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.**