

Sample Consent to Relinquish Parental Rights

CAUSE NO. _____

_____, §
§ _____ COUNTY, TEXAS
(A) CHILD(REN) §
§ _____ JUDICIAL DISTRICT

CONSENT TO RELINQUISH PARENTAL RIGHTS

STATE OF TEXAS §
§
COUNTY OF _____ §

I, [Name of parent] consent to relinquish my parental rights to [child’s name] under the provisions of 25 U.S.C. § 1913 (a) of the Indian Child Welfare Act. Before this Court I state:

1. That I am the biological [mother or father] of [child’s name], born [child’s DOB] in city and state of birth].
2. That I am a member of the [tribe]al membership of parent], [*if applicable*: with an enrollment number _____.] **OR** the child’s mother/father is a member of the [tribe].
3. That my child, _____ is a member of or eligible for membership in the Tribe, _____.
[*if applicable*, with an enrollment number of _____].
4. That I understand that by signing this consent to relinquish parental rights, the Texas Department of Protective and Regulatory Services, the child’s managing conservator, will have full legal rights and custody over [child’s name].
5. That I fully understand the consequence of my actions and that no threats or promises have been made to me to get me to sign this consent.
6. That this consent was not signed prior to, or within ten days after the birth of [child’s name].
7. That I understand that this will terminate the parent-child relationship between [child’s name] and myself. I understand that this will mean that I will no longer have legal rights and custody over [child’s name].
8. That I am competent to understand this proceeding. I understand the significance of it and consent to it at this time.
9. That I acknowledge that my rights in this matter have been fully explained to me in English and that English is my primary language and that I am fluent in English.

10. That I fully understand the terms and conditions of this consent and I sign my name to this document in witness of that consent.
11. That I acknowledge that at the time of the execution of this consent that I am not domiciled on or residing on any Indian reservation.
12. That it is my intent to consent to the relinquishment of my parental rights

VERIFICATION

Executed the ____ day of _____, 201____, in open court before a judge of the _____ District Court for the state of Texas.

signature]

[Parent

CERTIFICATE OF PRESIDING JUDGE

This certifies that on the ____ day of _____, 200__, I, the undersigned Judge of the District Court, heard testimony from **[name of parent]**. After being duly sworn, **[name of parent]** states that he/she is of legal age; that he/she is aware of his/her rights under the law and that he/she is aware of this proceeding; that this proceeding was explained to him/her in detail and that he/she fully understands those details; that he/she desires to relinquish his/her parental rights with respect to [child's name]; that he/she was aware of the legal consequences of this action and does consent to relinquish his/her parental rights; that he/she is not acting under undue influence or duress in this matter; that the consequences of granting consent to relinquishment of parental rights were explained to him/her in English; and that he/she is fluent in English.

DISTRICT COURT

JUDGE OF THE
