

NOTICE OF VOLUNTARY SURRENDER OF PHYSICAL CUSTODY OF INFANT

I understand that I have the right to give my baby to the hospital. I know that I will not be arrested for giving my baby to the hospital.

I want to give my baby to the hospital. I understand that the hospital will take physical custody of my baby.

I understand that no hospital employee can give my name to the Department of Children and Families without my permission.

I hereby agree disagree to release my name to the Department of Children and Families and / or the following identified person or organization :

I understand that if I give my baby to the hospital, the Department of Children and Families will place my baby in a foster home and begin the legal process to have my baby adopted. If my baby is adopted, I will have no further legal rights to my baby.

If DCF knows our identities, I understand that the legal process may include notifying me and the baby's father of the court action.

I understand that if I change my mind, I must contact the Department of Children and Families as soon as possible. If I don't contact DCF as soon as possible, I may lose all rights to my child.

Printed Name

Date

Signature

Witness