

Kenny Guinn  
Governor

## STATE OF NEVADA



Michael Willdon  
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Administrator

DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF CHILD AND FAMILY SERVICES

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## FAX TRANSMITTAL SHEET

Date: 3/10/04TO: JEAN LHAICH  
\_\_\_\_\_  
\_\_\_\_\_FAX: 1-775-201-0918

FROM: Wanda Scott, Social Welfare Program Specialist – Adoptions

Fax: (702) 486-7626 Telephone: (702) 486-7633

Email: wlscott@dcfs.state.nv.us

Number of pages, including this cover sheet: 7REGARDING: REQUEST FOR STATE FORM  
ATTACHED:Message: 1) RELINQUISHMENT OF CHILD FOR ADOPTION  
2) CONSENT TO ADOPT - AS DISCUSSED THIS DOCUMENT  
IS NOT THE DOCUMENT REFERRED TO IN 127.053 + 127.055.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS DOCUMENT IS CONSIDERED CONFIDENTIAL AND IS INTENDED  
SOLELY FOR THE USE OF THE PERSON TO WHOM IT IS BEING SENT.**

EXHIBIT <u>2</u> ChildFam	Document consists of <u>7</u> page
<input checked="" type="checkbox"/> Entire document provided.	
<input type="checkbox"/> Due to size limitations, pages ____ through ____ provided.	
A copy of the complete document is available through the Research Libr (775-684-6827 or e-mail library@lcb.state.nv.us).	
Meeting Date <u>3-20-04</u>	

EXHIBIT 2

**RELINQUISHMENT OF CHILD FOR ADOPTION**

I, \_\_\_\_\_, hereby declare and acknowledge  
(Relinquishing Parent)  
that:

1. I am the \* \_\_\_\_\_ of

\_\_\_\_\_, " \_\_\_\_\_ child born on the  
(Name of Child) (Male/Female)

\_\_\_\_\_ day of \_\_\_\_\_ in \_\_\_\_\_  
County of \_\_\_\_\_, State of \_\_\_\_\_

2. I have read this "Relinquishment of Child for Adoption", know that it is  
irrevocable, and have been fully advised as to the meaning and effect of its provision. No  
promises, other than those contained therein, have been made to me by the State of  
Nevada, Division of Child and Family Services of the Department of Human Resources.

3. I am in full possession of my faculties and am not under the influence of any  
drug or sedative or subject to any fraud, duress, fear, menace, compulsion, or undue  
influence whatsoever.

4. I hereby freely and voluntarily relinquish all my rights to said minor child to the  
State of Nevada, Division of Child and Family Services, for the purpose of adoption, and  
consent that said Division of Child and Family Services, through its proper officials or  
agents, may place said child for adoption with such person or persons as they may select  
and that the Division of Child and Family Services may consent to the adoption of said  
minor child by such person or persons so selected, in the manner and form prescribed by  
law.

IN WITNESS WHEREOF, I have signed this instrument this \_\_\_\_\_  
day of \_\_\_\_\_

\_\_\_\_\_  
(Relinquishing Parent)

1                   The above and foregoing Relinquishment of Child for Adoption was signed and  
2  
3 delivered in the presence of:

4  
5  
6  
7                   \_\_\_\_\_  
                    Witness

\_\_\_\_\_  
Witness

8  
9                   \_\_\_\_\_  
                    Street and Number

\_\_\_\_\_  
Street and Number

10  
11                  \_\_\_\_\_  
                    City, State, Zip

\_\_\_\_\_  
City, State, Zip

12  
13 \*Insert one of the following:

- 14 a.     Mother  
15 b.     Legal and Natural Father  
16 c.     Legal but not Natural Father  
17 d.     Natural but not Legal Father  
18 e.     Guardian of the Person
- 19  
20  
21  
22  
23  
24  
25  
26  
27  
28

1 STATE OF NEVADA

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

)  
)ss.

3 On this \_\_\_\_\_ day of \_\_\_\_\_, personally  
4 appeared before me, the undersigned Notary Public in and for the County and State  
5 aforesaid, \_\_\_\_\_, known or proven to me to be  
6 (Relinquishing Parent)  
7 the person described in and who executed the above and foregoing instrument, who duly  
8 acknowledged to me \_\_\_\_\_ executed the same freely and voluntarily and for the  
9 (He/She)  
uses and purposes therein mentioned.

10 IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official  
11 stamp, the day and year in this certificate first above written.  
12

13  
14 \_\_\_\_\_  
Notary Public

15 STATE OF NEVADA

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

)  
)ss.

17 Date: \_\_\_\_\_  
18

19 Then there personally appeared the within-named \_\_\_\_\_  
(Witness)  
20 and \_\_\_\_\_, who, being duly sworn, depose and say: That they  
(Witness)  
21 witnessed the execution of the above relinquishment for adoption by

22 \_\_\_\_\_, that \_\_\_\_\_ subscribed  
(Relinquishing Parent) (He/She)  
23 said relinquishment and declared the same to be a voluntary relinquishment in their  
24 presence, that they thereafter subscribed the same as witnesses in the presence of

25 \_\_\_\_\_ and in the presence of each other and  
(Relinquishing Parent)  
26 at the request of \_\_\_\_\_; that at the time of  
(Relinquishing Parent)  
27 the execution of the relinquishment, \_\_\_\_\_ acknowledged  
(Relinquishing Parent)

1 to them that \_\_\_\_\_ was, and appeared to them to be, in full possession of \_\_\_\_\_  
2 (He/She) (His/Her)  
3 faculties and not under the influence of any drug or sedative or subject to any duress, fear,  
4 menace, compulsion, or undue influence whatever; and that they make this affidavit at  
5 \_\_\_\_\_ request.  
6 (His/Her)

7  
8  
9  
10  
11  
12 SUBSCRIBED and SWORN to before me

13 this \_\_\_\_\_ day of \_\_\_\_\_  
14  
15

16 \_\_\_\_\_  
Notary Public in and for said County and State  
17  
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CONSENT TO ADOPT

The Division of Child and Family Services of the Department of Human Resources, pursuant to the provisions of NRS Chapter 127 (adoptions), hereby consents to the adoption of \_\_\_\_\_, born on \_\_\_\_\_; by \_\_\_\_\_ who reside at \_\_\_\_\_.

There has been full compliance with the law in regard to the relinquishment of said child for adoption or to the termination of the rights of her parents. Said child is presently in the legal custody and control of the Division of Child and Family Services and is legally free to be adopted.

Dated this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Nevada State Department of  
Human Resources  
Division of Child and Family Services

\_\_\_\_\_  
STATE OF NEVADA        )  
                                  : ss.  
LAS VEGAS                )

On \_\_\_\_\_, personally appeared before me, a notary public, \_\_\_\_\_, personally known to me to be the agent of the Division of Child and Family Services, who acknowledged to me that she executed the above instrument.

\_\_\_\_\_  
Notary Public

STATE OF NEVADA )  
                          ) ss.  
LAS VEGAS            )

\_\_\_\_\_

Then and there personally appeared the within-named \_\_\_\_\_ and \_\_\_\_\_, who, being duly sworn, depose and say: That they witnessed the execution of the within Consent to Adoption by \_\_\_\_\_; that she subscribed the Consent to Adoption in their presence; that at the time of the Consent to Adoption was executed, it contained the names of the person or persons to whom consent was thereby given to adopt the child; that they thereafter subscribed the same as witnesses in the presence of \_\_\_\_\_ and in the presence of each other and at the request of \_\_\_\_\_; that at the time of the execution of the Consent to Adoption, \_\_\_\_\_ acknowledged to them that she was, and she appeared to them to be, in full possession of her faculties and not under the influence of any drug or sedative or subject to any duress, fear, menace, compulsion or undue influence whatsoever, and that they make this affidavit at her request.

Subscribed and Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
Notary Public