

## Petition to Voluntarily Relinquish Parental Rights Checklist

### *To Be Filed Simultaneously or Prior to Involuntary Filing:*

- \_\_\_\_\_ Report of Intention to Adopt OR Petition for Adoption (filed by prospective adoptive parents)
- \_\_\_\_\_ Petition for Termination of other parent's rights

### *To Be Attached to the Petition in the order they appear:*

- \_\_\_\_\_ Preliminary Decree
- \_\_\_\_\_ Final Decree
- \_\_\_\_\_ Important Notice
- \_\_\_\_\_ Petition to Voluntarily Relinquish Parental Rights to Adult Intending to Adopt Child
  - \_\_\_\_\_ Signed by Attorney or Petitioner
  - \_\_\_\_\_ Verified by Petitioner
  - \_\_\_\_\_ *Petitioner is Relinquishing Parent*
  - \_\_\_\_\_ *Adoptee has been in the care of the prospective adoptive parents or agency for at least 3 days, or Petitioner has provided written notice to agency of present intent to transfer custody*
- \_\_\_\_\_ Consent of a parent or guardian of a petitioner who has not reached 18 years old
- \_\_\_\_\_ Consent to Accept Custody (signed by prospective adoptive parents) OR Consent of Agency to Accept Custody
- \_\_\_\_\_ Birth Certificate or Documentation of Birth (including time of birth)

### *After Hearing is Scheduled:*

- \_\_\_\_\_ Notice Pursuant to 23 Pa. C.S.A 2513(b) to Birth Parents
  - \_\_\_\_\_ at least 10 days' notice by personal service, OR
  - \_\_\_\_\_ Registered Mail, OR
  - \_\_\_\_\_ By such means as the Court may require
- \_\_\_\_\_ Proof of Notice – *to be filed at or before the hearing*

\*Petitioner is required to attend hearing\*

Court of Common Pleas of Montgomery County Orphans' Court Division  
**ADOPTION TERMINATION PETITION COVER SHEET**

<b>1A. ORPHANS' COURT CASE # (if known):</b>	<b>2. JUVENILE COURT CASE # (if applicable):</b> Date of Shelter Care Order:
<b>3. NAME OF CHILD/PROPOSED ADOPTEE</b>  <b>3A. DATE OF BIRTH:</b>	<b>3B. COUNSEL/GAL FOR CHILD (NAME, ADDRESS, AOPC #, E-MAIL AND PHONE NUMBER)</b>  <input type="checkbox"/> <b>Counsel should be appointed by Orphans' Court</b> (Please select if there may be a contest to termination, or if you otherwise recommend Counsel for the child)  <b>Reason Counsel is requested:</b>
<b>4. NAME AND ADDRESS OF BIRTH MOTHER</b>	<b>4A. BIRTH MOTHER'S COUNSEL (NAME, ADDRESS, AOPC #, E-MAIL AND PHONE NUMBER)</b>  <input type="checkbox"/> <b>Counsel was appointed by Juvenile Court and should continue</b> <input type="checkbox"/> <b>New Counsel should be appointed by Orphans' Court</b>
<b>5. NAME AND ADDRESS OF BIRTH FATHER</b>	<b>5A. BIRTH FATHER'S COUNSEL (NAME, ADDRESS, AOPC #, E-MAIL AND PHONE NUMBER)</b>  <input type="checkbox"/> <b>Counsel was appointed by Juvenile Court and should continue</b> <input type="checkbox"/> <b>New Counsel should be appointed by Orphans' Court</b>
<b>6. NAME AND ADDRESS OF PUTATIVE BIRTH FATHER(S) (ATTACH ADDITIONAL SHEETS IF NECESSARY)</b>	
<b>7. COUNSEL FOR PETITIONER (NAME, ADDRESS, E-MAIL, PHONE AND AOPC#)</b>	
<b>8. To the Clerk of the Orphans' Court:</b> Kindly Enter My Appearance on behalf <input type="checkbox"/> the Petitioner or <input type="checkbox"/> the Child Identified Above. <b>SIGNATURE OF ATTORNEY :</b> _____ <b>DATE:</b> _____	
<b>9. OTHER PARTIES:</b> PLEASE ATTACH A SEPARATE SHEET LISTING THE NAME, ADDRESS AND TELEPHONE NUMBER FOR EACH UNREPRESENTED PARTY, AND THE NAME OF EACH REPRESENTED PARTY, TOGETHER WITH THE NAME, ADDRESS AND TELEPHONE NUMBER OF EACH PARTY'S ATTORNEY OF RECORD, UNLESS PROVIDED ABOVE	
<b>10. PLEADING OR DOCUMENT FILED:</b> <input type="checkbox"/> Petition for Involuntary Termination (with Permanency Review Hearing Requesting Goal Change) <input type="checkbox"/> Petition for Involuntary Termination <input type="checkbox"/> Petition for Voluntary Relinquishment <input type="checkbox"/> Petition to Confirm Consent <input type="checkbox"/> Petition for Alternative Relinquishment of Putative Father <input type="checkbox"/> Petition for Alternative Notice under Rule 15.6(2) <input type="checkbox"/> Petition for Approval of Voluntary Contact Agreement <input type="checkbox"/> Voluntary Contact Agreement	
<b>11. HEARING REQUESTED:</b> (Short List allows 15 minutes per matter; Half and Full Day may require a pre-trial conference) <input type="checkbox"/> Full day <input type="checkbox"/> Half day <input type="checkbox"/> Short List	
<b>12. I CERTIFY THAT I HAVE ATTACHED THE FOLLOWING REQUIRED ATTACHMENTS TO PETITION:</b> <input type="checkbox"/> Copy of Juvenile Court Orders (if applicable) <input type="checkbox"/> Copy of Child's Birth Certificate	

**IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA  
ORPHANS' COURT DIVISION**

**No. 20 -A**

IN RE: Adoption of

\_\_\_\_\_  
(ADOPTEE's initials as on birth certificate)

**PETITION TO RELINQUISH PARENTAL RIGHTS AND DUTIES TO AGENCY  
(23 Pa.C.S.A. §2501)**

TO THE HONORABLE JUDGES OF SAID COURT:

The Petition of \_\_\_\_\_

\_\_\_\_\_ respectfully represents:

**1. BIRTH MOTHER:**

a) Name: \_\_\_\_\_

b) Address: \_\_\_\_\_  
\_\_\_\_\_

c) Age: \_\_\_\_\_

d) Date of Birth: \_\_\_\_\_

e) Racial background: \_\_\_\_\_

f) Religious affiliation: \_\_\_\_\_

g) Marriages:

(1) Maiden Name: \_\_\_\_\_

(2) Marital status at time of birth of ADOPTEE: \_\_\_\_\_

(3) Marital status during the one year prior to the birth of ADOPTEE: \_\_\_\_\_

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\* This petition conforms to the Adoption Act, 23 Pa. C.S.A. §2101, *et seq.*, as amended through September 3, 2019. Future revisions to the statute may make this petition inadequate.

(4) If the Birth Mother has ever been married, list the names of her spouse(s):

\_\_\_\_\_  
\_\_\_\_\_

**2. BIRTH FATHER:**

a) Has Birth Father been identified? \_\_\_\_\_

b) Name: \_\_\_\_\_

c) Address: \_\_\_\_\_  
\_\_\_\_\_

d) Age: \_\_\_\_\_

e) Date of Birth: \_\_\_\_\_

f) Racial background: \_\_\_\_\_

g) Religious affiliation: \_\_\_\_\_

h) Marriages:

(1) Marital status at time of birth of ADOPTEE: \_\_\_\_\_

(2) Marital status during the one year prior to the birth of ADOPTEE: \_\_\_\_\_

(3) If the Birth Father has ever been married, list the names of her spouse(s):

\_\_\_\_\_  
\_\_\_\_\_

**3. ADOPTEE:**

a) Name: (as on birth certificate): \_\_\_\_\_

b) Sex: \_\_\_\_\_

c) Age: \_\_\_\_\_

d) Date of Birth: \_\_\_\_\_

e) Place of Birth: \_\_\_\_\_

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\* This petition conforms to the Adoption Act, 23 Pa. C.S.A. §2101, *et seq.*, as amended through September 3, 2019. Future revisions to the statute may make this petition inadequate.

f) Racial background: \_\_\_\_\_

g) Religious affiliation: \_\_\_\_\_

4. **AGENCY HAVING CUSTODY OF ADOPTEE:**

a) Name: \_\_\_\_\_

b) Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c) Date ADOPTEE was placed with Agency: \_\_\_\_\_

5. Reasons for seeking relinquishment of parental rights:

6. The Birth Parent(s)/Petitioner (s) understand the petition, has(ve) considered the alternatives, and has(ve) executed the petition voluntarily to promote what the Petitioner(s) believe(s) to be in the best interest of Petitioner(s) and the child.

WHEREFORE, Petitioner(s) pray(s) your Honorable Court for a finding of voluntary relinquishment and for a Decree of Termination of the parental rights of \_\_\_\_\_

\_\_\_\_\_ directing the transfer of the custody of

\_\_\_\_\_ to the aforesaid agency, and authorizing it to

consent to the adoption of the ADOPTEE without further consent of or notice to the parents.

\_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
(Print/type name)

\_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
(Print/type name)

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\* This consent conforms to the Adoption Act, 23 Pa. C.S.A. §2101, *et seq*, as amended through September 3, 2019. Future revisions to the statute may make this consent inadequate.

## Verification

I verify that the statements made in the foregoing petition are true and correct. I understand that false statements herein are made subject to the penalties of Section 4904 of the Pennsylvania Crimes Code relating to unsworn falsifications to authorities.

Date: \_\_\_\_\_

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type/print name)

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\* This petition conforms to the Adoption Act, 23 Pa. C.S.A. §2101, *et seq.*, as amended through September 3, 2019. Future revisions to the statute may make this petition inadequate.

**IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA  
ORPHANS' COURT DIVISION**

**No. 20 -A**

IN RE: Adoption of

\_\_\_\_\_  
(ADOPTEE's initials as on birth certificate)

**PETITION TO RELINQUISH PARENTAL RIGHTS AND DUTIES TO AGENCY**

**CONSENT OF AGENCY TO ACCEPT CUSTODY  
(23 Pa.C.S.A. §2501)**

It is hereby certified that \_\_\_\_\_  
(Name of Agency)

is an agency as defined in 23 Pa.C.S.A. § 2101, that its office having the care of

\_\_\_\_\_ is located in

\_\_\_\_\_ County; and that, after due consideration, it

consents to accept custody of the child until such time as the child is adopted.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Name of Agency)

By:

\_\_\_\_\_  
(Signature of Individual with Authority to Bind Agency)

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\* This consent conforms to the Adoption Act, 23 Pa. C.S.A. §2101, *et seq.*, as amended through September 3, 2019. Future revisions to the statute may make this consent inadequate.

**IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA  
ORPHANS' COURT DIVISION**

**No. 20 -A**

IN RE: Adoption of

\_\_\_\_\_  
(ADOPTEE's initials as on birth certificate)

**PETITION TO RELINQUISH PARENTAL RIGHTS AND DUTIES TO ADULT(S)  
INTENDING TO ADOPT CHILD  
(23 Pa.C.S.A. §2502)**

TO THE HONORABLE JUDGES OF SAID COURT:

The Petition of \_\_\_\_\_

\_\_\_\_\_ respectfully represents:

**1. BIRTH MOTHER:**

a) Name: \_\_\_\_\_

b) Address: \_\_\_\_\_  
\_\_\_\_\_

c) Age: \_\_\_\_\_

d) Date of Birth: \_\_\_\_\_

e) Racial background: \_\_\_\_\_

f) Religious affiliation: \_\_\_\_\_

g) Marriages:

(1) Maiden Name: \_\_\_\_\_

(2) Marital status at time of birth of ADOPTEE: \_\_\_\_\_

(3) Marital status during the one year prior to the birth of ADOPTEE: \_\_\_\_\_

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\* This petition conforms to the Adoption Act, 23 Pa. C.S.A. §2101, *et seq.*, as amended through September 3, 2019. Future revisions to the statute may make this petition inadequate.



(4) If the Birth Mother has ever been married, list the names of her spouse(s):

\_\_\_\_\_

\_\_\_\_\_

**2. BIRTH FATHER:**

a) Has Birth Father been identified? \_\_\_\_\_

b) Name: \_\_\_\_\_

c) Address: \_\_\_\_\_

\_\_\_\_\_

d) Age: \_\_\_\_\_

e) Date of Birth: \_\_\_\_\_

f) Racial background: \_\_\_\_\_

g) Religious affiliation: \_\_\_\_\_

h) Marriages:

(1) Marital status at time of birth of ADOPTEE: \_\_\_\_\_

(2) Marital status during the one year prior to the birth of ADOPTEE: \_\_\_\_\_

(3) If the Birth Father has ever been married, list the names of her spouse(s):

\_\_\_\_\_

\_\_\_\_\_

**3. ADOPTEE:**

a) Name: (as on birth certificate): \_\_\_\_\_

b) Sex: \_\_\_\_\_

c) Age: \_\_\_\_\_

d) Date of Birth: \_\_\_\_\_

e) Place of Birth: \_\_\_\_\_

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\* This petition conforms to the Adoption Act, 23 Pa. C.S.A. §2101, *et seq.*, as amended through September 3, 2019. Future revisions to the statute may make this petition inadequate.

- f) Racial background: \_\_\_\_\_
- g) Religious affiliation: \_\_\_\_\_

4. **ADULTS INTENDING TO ADOPT:**

First Adult:

- a) Name: \_\_\_\_\_
- b) Address: \_\_\_\_\_  
\_\_\_\_\_
- c) Age: \_\_\_\_\_
- d) Date of Birth: \_\_\_\_\_
- e) Racial background: \_\_\_\_\_
- f) Religious affiliation: \_\_\_\_\_

Second adult:

- a) Name: \_\_\_\_\_
- b) Address: \_\_\_\_\_  
\_\_\_\_\_
- c) Age: \_\_\_\_\_
- d) Date of Birth: \_\_\_\_\_
- e) Racial background: \_\_\_\_\_
- f) Religious affiliation: \_\_\_\_\_

- 5. Date the Report of Intention to Adopt was filed: \_\_\_\_\_
- 6. Date the ADOPTEE was placed with the adult(s) intending to adopt: \_\_\_\_\_
- 7. Reasons for seeking relinquishment of parental rights:

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\* This petition conforms to the Adoption Act, 23 Pa. C.S.A. §2101, *et seq.*, as amended through September 3, 2019. Future revisions to the statute may make this petition inadequate.

8. The Petitioner(s) understand(s) the petition, has(ve) considered the alternatives, and has(ve) executed the petition voluntarily to promote what the petitioner(s) believe(s) to be in petitioner(s)' and the child's best interests.

WHEREFORE, petitioner (s) pray (s) your Honorable Court for a finding of voluntary relinquishment of parental rights and for a Decree of Termination of all parental rights of \_\_\_\_\_ directing the transfer of the custody of \_\_\_\_\_ to the adults intending to adopt the child, and authorizing it to consent to the adoption of the ADOPTEE without further consent of or notice to the parents.

\_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
(Print/type name)

\_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
(Print/type name)

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\* This petition conforms to the Adoption Act, 23 Pa. C.S.A. §2101, *et seq.*, as amended through September 3, 2019. Future revisions to the statute may make this petition inadequate.

## Verification

I verify that the statements made in the foregoing petition are true and correct. I understand that false statements herein are made subject to the penalties of Section 4904 of the Pennsylvania Crimes Code relating to unsworn falsifications to authorities.

Date: \_\_\_\_\_

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type/print name)

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\* This petition conforms to the Adoption Act, 23 Pa. C.S.A. §2101, *et seq.*, as amended through September 3, 2019. Future revisions to the statute may make this petition inadequate.

**IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA  
ORPHANS' COURT DIVISION**

**No. 20 -A**

IN RE: Adoption of

\_\_\_\_\_  
(ADOPTEE's initials as on birth certificate)

**PETITION TO RELINQUISH PARENTAL RIGHTS AND DUTIES TO ADULTS  
INTENDING TO ADOPT CHILD**

**CONSENT TO ACCEPT CUSTODY**  
(23 Pa.C.S.A. §2502)

I/We hereby certify that \_\_\_\_\_, born on  
\_\_\_\_\_, was placed in our care on \_\_\_\_\_,  
by \_\_\_\_\_ and has remained in our exclusive care since that date,  
that I/we filed a report of our intention to adopt the ADOPTEE with the Court of Common Pleas,  
Orphans' Court Division of Montgomery County and we hereby consent to accept the custody of  
the child.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print/type name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print/type name)

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\* This petition conforms to the Adoption Act, 23 Pa. C.S.A. §2101, *et seq.*, as amended through September 3, 2019. Future revisions to the statute may make this petition inadequate.

**IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA  
ORPHANS' COURT DIVISION**

**No. 20     -A**

In RE: Adoption of

\_\_\_\_\_  
(Adoptee's initials as on birth certificate)

**PETITION FOR COURT APPROVAL OF VOLUNTARY RELINQUISHMENT AND  
WAIVER OF 10-DAYS NOTICE OF VOLUNTARY RELINQUISHMENT PETITION  
BIRTH PARENT**

1. Petitioner, \_\_\_\_\_, is the birth parent of \_\_\_\_\_.
2. Petitioner files this petition requesting that the Court approve his/her voluntary relinquishment of his/her parental rights to \_\_\_\_\_.
3. Petitioner has been represented by counsel and has had an opportunity to confer with counsel.        Yes        No
4. Petitioner has knowingly and deliberately requested that the petition for involuntary termination of his/her parental rights be modified to be a petition for voluntary relinquishment of all parental rights, and petitioner knowingly, deliberately and voluntarily intends to relinquish all parental rights to the child, in open court on the date indicated below.
5. Petitioner hereby expressly waives, in writing, the 10-day notice period between the filing of this petition and the hearing on this petition for voluntary relinquishment of parental rights pursuant to 23 Pa. C.S.A. § 2501, and requests that the hearing be held forthwith.

Wherefore, Petitioner respectfully requests that this Court hold a hearing on this Petition forthwith and enter a decree confirming the petitioner's voluntary relinquishment of parental rights.

\_\_\_\_\_  
Birth Parent Name

\_\_\_\_\_  
Counsel for Birth Parent

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**VERIFICATION**

I verify that the statements made in the foregoing petition are true and correct. I understand that the statements made herein are subject to the penalties of Section 4904 of the Pennsylvania Crimes Code relating to unsworn falsification to authorities.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Birth Parent

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\*This petition conforms to the Adoption Act, 23 Pa. C.S.A. §2101, et seq., as amended through September 3, 2019. Future revisions to the statute may make this consent inadequate.

**IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA  
ORPHANS' COURT DIVISION**

**No. 20 -A**

IN RE: Adoption of \_\_\_\_\_  
\_\_\_\_\_

**PETITION TO VOLUNTARILY RELINQUISH PARENTAL RIGHTS TO AGENCY OR  
ADULTS INTENDING TO ADOPT CHILD**

**IMPORTANT NOTICE – BIRTH PARENT**

To: \_\_\_\_\_  
\_\_\_\_\_

A petition has been filed asking the court to put an end to all rights you have to your child  
\_\_\_\_\_. The court has set a hearing to consider ending your rights to your child.

That hearing will be held on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_  
o'clock \_\_\_\_m., in Courtroom \_\_\_\_\_, 4th Floor, One Montgomery Plaza, Swede & Airy Streets,  
Norristown, Pennsylvania.

Your presence is required at the hearing. You have a right to be represented at the hearing  
by a lawyer. You should take this paper to your lawyer at once. If you do not have a lawyer or  
cannot afford one, go to or telephone the office set forth below to find out whether you can get  
legal help.

**MONTGOMERY COUNTY BAR ASSOCIATION  
100 W. AIRY STREET  
NORRISTOWN, PA 19401  
(610) 279-9660, #3**

**LEGAL AID OF SOUTHEASTERN PENNSYLVANIA  
625 SWEDE STREET  
NORRISTOWN, PA 19401  
(610) 275-5400**



IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA  
ORPHANS' COURT DIVISION

No. 20 -A

IN RE: Adoption of \_\_\_\_\_  
\_\_\_\_\_

**PETITION TO VOLUNTARILY RELINQUISH PARENTAL RIGHTS TO AGENCY OR  
ADULTS INTENDING TO ADOPT CHILD**

**IMPORTANT NOTICE – PUTATIVE FATHER**

To: \_\_\_\_\_  
\_\_\_\_\_

A petition has been filed asking the court to put an end to all rights you have to your child  
\_\_\_\_\_. The court has set a hearing to consider ending your rights to your child. That  
hearing will be held on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_ .m., in  
Courtroom \_\_\_\_\_, 4th Floor, One Montgomery Plaza, Sweded & Airy Streets, Norristown, Pennsylvania.  
You are warned that your rights may also be subject to termination pursuant to §2504(d) of the Adoption  
Act, 23 Pa.C.S., if you fail to file either an acknowledgement of paternity or claim of paternity pursuant to  
23 Pa.C.S. §5103 (relating to acknowledgement and claim of paternity) and fail to either appear at the  
hearing for the purpose of objecting to the termination of your rights or file a written objection to such  
termination with the Court prior to the hearing.

You have a right to be represented at the hearing by a lawyer. You should take this paper to your  
lawyer at once. If you do not have a lawyer or cannot afford one, go to or telephone the office set forth below  
to find out whether you can get legal help.

MONTGOMERY COUNTY BAR ASSOCIATION  
100 W. AIRY STREET  
NORRISTOWN, PA 19401  
(610) 279-9660, #3

LEGAL AID OF SOUTHEASTERN PENNSYLVANIA  
625 SWEDE STREET  
NORRISTOWN, PA 19401  
(610) 275-5400

IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA  
ORPHANS' COURT DIVISION

NO. 20 -A

IN RE: Adoption of \_\_\_\_\_  
\_\_\_\_\_

**VOLUNTARY RELINQUISHMENT OF PARENTAL RIGHTS  
OF BIRTH PARENT, \_\_\_\_\_**

**PRELIMINARY DECREE**

**AND NOW**, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, upon consideration of the attached petition for voluntary relinquishment of parental rights of \_\_\_\_\_, to the child, \_\_\_\_\_, it is ORDERED AND DECREED that a hearing is set for the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_m. in Courtroom \_\_\_\_\_, 4<sup>th</sup> Floor, One Montgomery Plaza, Swede and Airy Streets, Norristown, Pennsylvania.

At least ten days' written notice of the hearing shall be given to the following:

1. Parents who have consented in attached petition
2. Parents who have not consented in attached petition
3. Parents or guardians of consenting parents who are under the age of 18.

The parents consenting in the attached petition and their parents or guardians if under 18 years of age shall be advised in said notice that their parental rights may be terminated at the aforesaid hearing.

Method of providing notice shall conform to PA Orphans' Court Rule No. 15.6.

**BY THE COURT:**

\_\_\_\_\_  
J.

Copy of the above decree  
mailed to:  
\_\_\_\_\_

THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA  
ORPHANS' COURT DIVISION

NO. 20 -A

IN RE: Adoption of \_\_\_\_\_  
\_\_\_\_\_

**VOLUNTARY RELINQUISHMENT OF PARENTAL RIGHTS TO AGENCY  
FOR BIRTH PARENT, \_\_\_\_\_**

**FINAL DECREE**

AND NOW, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, after hearing and review of the record, the court, being satisfied as to the truth of the facts set forth in the testimony of the birth father, \_\_\_\_\_ finds that:

1. \_\_\_\_\_ is the birth parent of \_\_\_\_\_.
2. \_\_\_\_\_ has knowingly, deliberately and voluntarily relinquished all of his parental rights to the child, in open court on \_\_\_\_\_.
3. All of \_\_\_\_\_'s parental rights to the Child are hereby forever terminated and the Child may be adopted without further consent or notice to this birth parent.
4. Legal custody of the child shall remain with \_\_\_\_\_, which by this DECREE is specifically authorized to consent to any necessary routine and/or emergency, medical, dental and/or mental health treatment for the above minor child and to consent to adoption of the Child.

**BY THE COURT:**

\_\_\_\_\_  
**J.**

Copies of the above e-filed \_\_\_\_\_ to:

\_\_\_\_\_  
Judicial Court Clerk

THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA  
ORPHANS' COURT DIVISION

NO. 20 -A

IN RE: Adoption of \_\_\_\_\_  
\_\_\_\_\_

**VOLUNTARY RELINQUISHMENT OF PARENTAL RIGHTS TO ADULT(S)  
FOR BIRTH PARENT, \_\_\_\_\_**

**FINAL DECREE**

AND NOW, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, after hearing and review of the record, the court, being satisfied as to the truth of the facts set forth in the testimony of the birth father, \_\_\_\_\_ finds that:

1. \_\_\_\_\_ is the birth parent of \_\_\_\_\_.
2. \_\_\_\_\_ has knowingly, deliberately and voluntarily relinquished all of his parental rights to the child, in open court on \_\_\_\_\_.
3. All of \_\_\_\_\_'s parental rights to the Child are hereby forever terminated and the Child may be adopted without further consent or notice to this birth parent.
4. Legal custody of the child is hereby transferred to \_\_\_\_\_.

**BY THE COURT:**

\_\_\_\_\_  
**J.**

Copies of the above e-filed \_\_\_\_\_ to:

\_\_\_\_\_  
Judicial Court Clerk