

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	RELEASE OF CHILD BY CHILD PLACING AGENCY	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

In the matter of _____
Full name of child

I, _____, on behalf of _____
Name of representative Name of child placing agency.

voluntarily release and relinquish parental rights to the child named above to the Michigan Department of Health and Human Services for the purpose of adoption or suitable placement. I am the duly authorized representative of the child placing agency.

 Signature

 Title

Subscribed and sworn to before me on _____
Date

 Deputy clerk/Notary public signature

My commission expires on _____
Name (type or print)

Notary public, State of Michigan, County of _____ . Acting in the County of _____ .

This notarial act was performed using an electronic notarization system or a remote electronic notarization platform.