

COURT OF PROBATE
[Type or print in black ink.]
[File in *duplicate*.]



TO: COURT OF PROBATE,

DISTRICT NO.

IN THE MATTER OF

,AN IDENTIFIED ADOPTION

AFFIANT

AGENCY OR DEPARTMENT [Include name and address.]

[Person signing and swearing to this affidavit]

DATE OF AFFIDAVIT

DATE OF CHILD'S PLACEMENT IN ADOPTIVE HOME [If known]

The affiant hereby swears, affirms, or avers that:

I am the birth mother of the child who has been identified for adoption in the above-captioned matter.

To the best of my knowledge and belief, no payments have been made or promised, directly or indirectly, to me or any other person by any person(s) involved in this adoption, except for those payments made by the agency or agencies placing the child in adoption.

.....
Affiant's Signature

Affiant's Name [Type or print] _____

Address and zip code: _____

Telephone Number(s): _____

SUBSCRIBED AND SWORN TO
BEFORE ME

DATE

.....
Judge, Ass't Clerk, Notary Public, Comm. Sup. Ct.

RESET