BIRTH PARENTS AGREEMENT

Date:_____

I,_____, agree with the following:

1. My decision to terminate my parental rights will be voluntary.
2. I am choosing to place my child for adoption without persuasion or coercion.
3. I have not been offered any reward or payment before, during or after my child's placement for adoption.
4. I can reverse the decision to place my child until the termination of parental rights hearing.
5. I have been told about the affidavit form regarding consent to sharing my identity with my child in the future.
6. I am aware of free post-placement counseling provided by Lutheran Counseling and Family Services.

BIRTH PARENT-Please write in your own words why you are choosing to place your child for adoption.

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Birth Mother /Date

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LCFS Staff /Date