

Attorney Name  
Address  
Phone Number

MONTANA [DISTRICT NUMBER] JUDICIAL DISTRICT COURT,  
[COUNTY NAME] COUNTY

IN THE MATTER OF THE ADOPTION )  
OF [NAME OF MINOR CHILD], ) Cause No.  
)  
)  
A minor child, )  
) **AFFIDAVIT OF WAIVER**  
by ) **OF ALL PARENTAL RIGHTS,**  
) **RELINQUISHMENT OF CHILD,**  
[NAME OF PETITIONER], ) **AND CONSENT TO ADOPTION**  
)  
)  
Petitioner. )

STATE OF \_\_\_\_\_ )  
: ss  
County of \_\_\_\_\_ )

1. I, [NAME OF RELINQUISHING PARENT], first being duly sworn, state the following:
2. I am the [natural father]/ [natural mother] of the minor child, [NAME OF MINOR CHILD], who was born on [DATE OF BIRTH OF MINOR CHILD] in [PLACE OF BIRTH OF MINOR CHILD]. (§ 42-2-412(1)(c), MCA) I am over 18 years of age. I was born on \_\_\_\_\_, 19\_\_\_. My current mailing address is [ADDRESS, CITY, STATE, ZIP OF RELINQUISHING PARENT]. (§ 42-2-412(1)(b), MCA)

3. After carefully considering the best interests of my minor child, I hereby relinquish care, custody, and control of the minor child to her MOTHER/FATHER, [NAME OF STEPPARENT'S SPOUSE], [ADDRESS, CITY, STATE OF RESIDENCE OF STEPPARENT'S SPOUSE] and to [NAME OF STEPPARENT], (§ 42-2-412(1)(d), MCA), who resides at [ADDRESS, CITY, STATE OF RESIDENCE OF STEPPARENT] (§ 42-2-412(1)(d), MCA)

4. By signing this document, I understand that I am relinquishing all of my parental rights to the minor child, [NAME OF MINOR CHILD]. My relinquishment is voluntary, irrevocable, and is given freely with a clear mind. I have not been unduly influenced by anyone in making this relinquishment.

5. I knowingly, unequivocally, and voluntarily transfer permanent legal and physical custody to the child's mother, [NAME OF STEPPARENT'S SPOUSE], and [NAME OF STEPPARENT]. (§ 42-2-412(2)(b), MCA)

6. I knowingly, unequivocally, and voluntarily give my consent to have any court of competent jurisdiction terminate my parental rights and award permanent legal custody with the right to consent to adoption to the child's mother. (§ 42-2-412(2)(b), MCA)

7. I knowingly, unequivocally, and voluntarily give my consent to have [NAME OF STEPPARENT] adopt the minor child, [NAME OF MINOR CHILD], (§ 42-4-301(1); 42-2-402(1)(b)), who resides at [ADDRESS, CITY, STATE OF RESIDENCE OF STEPPARENT] (§ 42-2-412(1)(d), MCA)

8. I understand that upon my signature of this document, it is final and may not be revoked or set aside for any reason, including failure of an adoptive parent to permit me to visit

or communicate with the child, except as provided for in Section 42-2-411, MCA. (§ 42-2-412(3)(a), MCA)

9. I understand that, upon the adoption of this minor child, all of my parental rights and obligations with respect to the minor child, [NAME OF MINOR CHILD], will be extinguished, except for arrearages for child support unless waived. (§ 42-2-412(3)(b), MCA)

10. I understand that this relinquishment will remain valid whether or not any agreement for visitation or communication with the child is later performed. (§ 42-2-412(3)(b), MCA)

11. I have not been offered any money or anything of value for execution of this document. (§ 42-2-412(3)(e)(ii), MCA)

12. I expressly waive my rights to notice of proceedings regarding this child, including any hearing terminating my parental rights and awarding permanent legal custody to the child's mother and [NAME OF STEPPARENT]. (§ 42-2-412(4), MCA)

13. I further waive my right to notice of any adoption proceeding and expressly consent that any adoption proceeding may be heard at any time without notice to me. (§ 42-2-412(4), MCA)

14. I acknowledge that I have received a copy of this document. (§ 42-2-412(3)(c)(i), MCA)

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Executed at \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_ m.  
(location)

(§ 42-2-412(1)(a), MCA)

\_\_\_\_\_  
[NAME OF RELINQUISHING PARENT]  
Relinquishing Parent

SUBSCRIBED AND SWORN TO before me this \_\_\_ day of \_\_\_\_\_, 20\_\_ by [NAME OF RELINQUISHING PARENT].

\_\_\_\_\_  
Notary's Signature  
Notary Public for the State of \_\_\_\_\_  
  
Printed name of notary \_\_\_\_\_  
  
Title or rank: \_\_\_\_\_  
Residing at \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

(Seal)