

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE INTEREST OF

**Consent to Termination
of Parental Rights (Affidavit)**

_____ a person under the age of 18.

Case No. _____

_____ Date of Birth

UNDER OATH, I STATE:

1. My name is _____.

My address is _____.

My date of birth is _____.

2. My child is not a member of or eligible for membership in an Indian tribe.

3. For stepparent adoptions:

- I am the mother father of this child
- The child was was not born during a marriage with the other parent.

For non-marital, non-adjudicated alleged fathers:

- I have never been married to _____, mother of this child.
- I have never been adjudicated (formally determined by a court) to be the father of this child.
- I am aware that I am alleged to be the father of this child.
- I am not admitting or denying that I am the father of this child.

4. I know that a petition to terminate my parental rights has been or will be filed.

5. I have been informed and understand that a court order terminating parental rights will permanently end **ALL legal rights and duties** that exist between myself and this child, such as:

- Duty to support
- Right to custody and visitation
- Right to inherit

6. I wish to give up any parental rights that I may have to this child and consent to the court entering an order terminating my parental rights.

7. I give up the right to know of any future hearing or proceedings in this matter.

8. I am making this decision on my own free will. No promises or threats have been made to get me to sign this document.

State of _____

County of _____

Subscribed and sworn to before me on _____

Notary Public/Court Official

Name Printed or Typed

My commission/term expires: _____

Signature

Name Printed or Typed

Date

**FOR STEP PARENT ADOPTIONS, YOU MUST HAVE
TWO WITNESSES SIGN BELOW IN ADDITION TO
COMPLETING THE NOTARY SECTION ABOVE.**

Signature of Witness

Signature of Witness