

PROBATE COURT OF _____ COUNTY, ALABAMA

IN THE MATTER OF
THE ADOPTION PETITION OF

*
*
* Case Number _____
*
*

AUTHORIZATION FOR RELEASE AFFIDAVIT

(Ala. Code § 26-10E-15 (1975))
(Licensed Child Placing Agency)

I, _____
as _____, for _____, having legal custody of
minor child, born on the ____ day of _____, 20__ at ____ o'clock __.m. and
who is or who will be the subject of an adoption proceeding before the Probate Court
of _____ County, Alabama, do hereby, pursuant to *Ala. Code §26-10E-15*
(1975), authorize

(Name of Health Facility)

to surrender physical custody of said minor child to _____, whose
address is _____.

DATED this ____ day of _____, 20__ at ____ o'clock __.m.

(Signature of Affiant)

STATE OF _____

COUNTY OF _____

I, the undersigned authority, in and for said County and State, hereby certify that ____ whose
name _____, as _____ (title) of _____ (entity
name), a _____ corporation, is signed to the foregoing instrument, and who is
known to me, acknowledges before me on this day that the statements contained herein are
true and correct and (s)he has full authority to execute the same, and that (s)he is voluntarily
doing so on the day the same bears date.

Given under my hand this the __ day of _____, 20__.

(AFFIX NOTARY SEAL)

Notary Public
My Commission expires: _____

NOTICE: The said health facility shall make a written report to the Department of Human Resources on forms supplied by the Department within 48 hours from the surrendering of custody pursuant to *Ala. Code* § 26-10E-15(b) (1975).