

<p align="center">STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY</p>	<p align="center">RELEASE OF CHILD BY CHILD PLACING AGENCY</p>	<p align="center">FILE NO.</p>
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In the matter of _____ DOB: _____, adoptee
Full name of child

I, _____, on behalf of _____
Name of representative Name of child placing agency

voluntarily release and relinquish parental rights to the child named above to the Michigan Department of Human Services for the purpose of adoption or suitable placement. I am the duly authorized representative of the child placing agency.

 Signature

 Title

Subscribed and sworn to before me on _____ in _____ County, Michigan.
Date

My commission expires: _____ Signature: _____
Date Notary public

Notary public, State of Michigan, County of _____

Do not write below this line - For court use only