

Parental Rights Termination Consent Form

Date: [Insert Date]

To Whom It May Concern,

I, [Parent's Full Name], residing at [Address], hereby voluntarily consent to the termination of my parental rights regarding my child, [Child's Full Name], born on [Child's Date of Birth].

I understand the implications of this decision and acknowledge that this consent is given freely and without coercion.

By signing below, I confirm my understanding and agreement to the termination of my parental rights.

[Parent's Full Name]

[Signature]

[Date]

Witnessed by:

[Witness's Full Name]

[Signature]

[Date]

Name of Attorney (if applicable): [Attorney's Name]

Contact Information: [Attorney's Contact Info]