

STATE OF NORTH CAROLINA

\_\_\_\_\_ COUNTY

REVOCATION OF CHILD'S CONSENT TO ADOPTION

1, the undersigned, declare that I am a minor child 12 years of age or older who was born on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in \_\_\_\_\_ (City or town) \_\_\_\_\_ (County)

\_\_\_\_\_, and that I am a legal resident of \_\_\_\_\_ (State) \_\_\_\_\_ (City or town)

\_\_\_\_\_ (County) \_\_\_\_\_ (State) I hereby revoke consent to my adoption by

\_\_\_\_\_ and \_\_\_\_\_ (Full name of petitioning father) (Full name of petitioning mother)

the petitioner(s), as given on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Minor Child

\_\_\_\_\_  
Address

STATE OF NORTH CAROLINA

\_\_\_\_\_ COUNTY

I, \_\_\_\_\_, certify that  
(Name of official)

\_\_\_\_\_ personally appeared before me on this  
(Name of minor)

day and acknowledged the execution of the foregoing instrument.

I certify that I, the undersigned, am a Notary Public or one otherwise empowered to acknowledge signatures under Chapter 47 of the General Statutes of North Carolina.

Witness my hand and seal this the \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_

Signature: \_\_\_\_\_

(SEAL)

Title: \_\_\_\_\_

My commission expires: \_\_\_\_\_

**Note:**

Form DSS-5168 is prepared in triplicate The **original** is to be sent by the Clerk of Superior Court to the county department of social services or licensed child-placing agency; **one copy is given to the minor child**; and one copy is sent by the Clerk of Court to the Division of Social Services, State Department of Health and Human Services, along with other portions of the adoption proceeding.