

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS  
COUNTY DEPARTMENT, COUNTY DIVISION**

**IN THE MATTER OF THE PETITION OF**

\_\_\_\_\_ and

To Adopt:

\_\_\_\_\_ a minor(s)

No. \_\_\_\_\_

**FINAL AND IRREVOCABLE CONSENT TO ADOPTION**

(2723  FATHER 2724  MOTHER)

I, \_\_\_\_\_, (mother/father) of \_\_\_\_\_ a female/male child, state:

1. The child was born on \_\_\_\_\_ City/Town of \_\_\_\_\_  
County of \_\_\_\_\_, State of \_\_\_\_\_.
2. I live at \_\_\_\_\_  
City/Town of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_.
3. My age is \_\_\_\_\_ years.
4. I hereby enter my appearance in this proceeding and waive service of summons on me.
5. I hereby acknowledge that I have been provided with a copy of the Birth Parents' Rights and Responsibilities Private Form before signing the Consent and that I had time to read, or have had it read to me. I understand that if I do not receive any of the rights as described in this form that does not constitute a basis to revoke this Final and Irrevocable Consent.
6. I hereby consent and agree to the adoption of the child named above.
7. I wish to, and understand that by signing this consent I do, irrevocably and permanently, give up all custody and other parental rights I have to the child named above.
8. I understand the child named above will be placed for adoption and that I cannot under any circumstances, after signing this document, change my mind and revoke or cancel this consent or obtain or recover custody or any other rights over the child named above. I have read and understand the above and I am signing it as my free and voluntary act.

Dated this \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_  
(Signature of Parent)

I, \_\_\_\_\_, a Judge of the Circuit Court of Cook County, Illinois, do hereby certify that, \_\_\_\_\_ personally known to me to be the same person whose name is signed on the this Consent, and that s/he appeared before me this day in person and acknowledged that s/he signed and delivered this Consent as his/her free and voluntary act, for the specified purpose.

In witness whereof, I have affixed my signature to this document on this \_\_\_\_\_ day of \_\_\_\_\_

Atty. No.: \_\_\_\_\_  
Name: \_\_\_\_\_  
Atty. for: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

ENTERED:  
Dated: \_\_\_\_\_

\_\_\_\_\_  
Judge Judge's No.

(Court Seal)

## **Birth Parents' Rights and Responsibilities - Private Form**

As a Birth Parent in the State of Illinois, you have the right:

1. To have your own attorney represent you. The prospective adoptive parents may agree to pay for the costs of your attorney in a manner consistent with Illinois law, but they are not required to do so.
2. To be treated with dignity and respect at all times and to make decisions free from coercion and pressure.
3. To receive counseling before and after signing a Final and Irrevocable Consent to Adoption ("Consent"), a Final and Irrevocable Consent to Adoption by a Specified Person or Persons: Non-DCFS Case ("Specific Consent"), or a Consent to Adoption of Unborn Child ("Unborn Consent"). The prospective adoptive parents may agree to pay for the cost of counseling in a manner consistent with Illinois law, but they are not required to do so.
4. To ask to be involved in choosing your child's prospective adoptive parents and ask to meet them.
5. To ask your child's prospective adoptive parents any questions that pertain to your decision to place your child with them.
6. To see your child before signing a Consent or Specific Consent.
7. To request contact with your child and/or the child's prospective adoptive parents, with the understanding that any promises regarding contact with your child or receipt of information about the child after signing a Consent, Specific Consent, or Unborn Consent cannot be enforced under Illinois law.
8. To receive copies of all documents that you sign and have those documents provided to you in your preferred language.
9. To request that your identifying information remain confidential, unless required otherwise by Illinois law or court order, and to register with the Illinois Adoption Registry and Medical Information Exchange.
10. To work with an adoption agency or attorney of your choice, or change said agency or attorney, provided you promptly inform all parties currently involved.
11. To receive, upon request, a written list of any promised support, financial or otherwise, from your attorney or the attorney for your child's prospective adoptive parents.
12. To delay signing a Consent, Specific Consent, or Unborn Consent if you are not ready to do so.
13. To decline to sign a Consent, Specific Consent, or Unborn Consent even if you have received financial support from the prospective adoptive parents.

**If you do not receive any of the rights described in this Form, it shall not be a basis to revoke a Consent, Specific Consent, or Unborn Consent.**

As a Birth Parent in the State of Illinois, you have the responsibility:

1. To carefully consider your reason for choosing adoption.
2. To voluntarily provide all known medical, background, and family information about yourself and your immediate family to your child's prospective adoptive parents or their attorney. For the health of your child, you are strongly encouraged, but not required, to provide, all known medical, background, and family history information about yourself and your family to your child's prospective adoptive parents or their attorney.
3. (Birth mothers only) To accurately complete an Affidavit of Identification, which identifies the father of the child when known, with the understanding that a birth mother has a right to decline to identify the birth father.
4. To not accept financial support or reimbursement of pregnancy related expenses simultaneously from more than one source.

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Initials

**DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS**