Santé et Services sociaux Québec 🏘 🏘



WITHDRAWAL OF A GENERAL CONSENT TO ADOPTION

Pursuant to articles 548 and 557 of the Civil Code of Québec

I, the undersigned,				, born on		
	-	(Surname and given name of the par	rent or tutor)	Date (Year/month	n/day)	
and res	siding at	Address (civi	ic number, street, apartment,	city, province, postal code)		
DECLA	ARE THA	AT:				
1.	I am the		of a		_ child,	
	known	(Father, mother, tutor)		(Male or female)		
known as Child's given name and surname						
	born or	Date of birth (Year/month/day)		(Place of birth)		
2.	On		an adoption:			
	U Wit	h recognition of the pre-existing bonc	d(s) of(Maternal or p	filiation		
	Wit	hout recognition of the pre-existing be		or paternal)		
With or without recognition of the pre-existing bond(s) of filiation.						
3.	l conse	ented to the adoption of the child on and I entrusted him/her to the Director of				
Date (Year/month/day) Youth Protection of the institution known as the Integrated Health and Social Services Cent					ces Centre or Integrated	
		sity Health and Social Services Centre of				
	"A pers consen	y withdraw this consent, as provided son who has given his consent to ado t. The child must then be returned with IGNED, before two (2) witnesses	ption may withdraw	it within thirty days froi	m the date when he gave	
at		, the	day of the month of		in the year 20	
			_	(Parent's or tu	itor's signature)	
WITNESS 1:		(Name in block letters)		(Sigr	nature)	
		(Address)			(Telephone)	
WITNESS 2:		(Name in block letters)		(Sigr	nature)	
		(Address)			(Telephone)	
AS-717A D	T9414 (rev. 20	Pursuant to articles 54	8 and 557 of the Civil			