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)<br>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<br>consen | y withdraw this consent, as provided<br>son who has given his consent to ado<br>t. The child must then be returned with<br>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        |                              |                          |  |