



# NOTICE OF PLACEMENT OF CHILD WITH IMMEDIATE RELATIVE

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CHILDREN AND FAMILY SERVICES-ADOPTIONS  
SFN 937 (1-2023)

## PLEASE FILL IN ALL SPACES

Pursuant to NDCC 14-10-05

Name of Parent		Date of Birth	
Address	City	State	ZIP Code

I, the above-named parent, hereby give written notice to the Department of Health and Human Services that I am placing my minor child with an immediate relative.

Name of Child	Date of Birth
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## PLACEMENT INFORMATION

Name of Relative	Date of Birth		
Name of Relative	Date of Birth		
Address	City	State	ZIP Code

Relationship to Child

<input type="checkbox"/> Maternal	<input type="checkbox"/> Paternal
<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandmother
<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandfather
<input type="checkbox"/> Aunt	<input type="checkbox"/> Aunt
<input type="checkbox"/> Uncle	<input type="checkbox"/> Uncle

Type of Placement

Adoption       Guardianship

The child **WILL BE** placed with this immediate relative on \_\_\_\_\_ (Date)

The child **WAS** placed with this immediate relative on \_\_\_\_\_ (Date)

I understand that if proceedings for adoption or guardianship are not initiated by the person with whom this child is placed within one year of date of placement, the child shall be considered to be abandoned.

Signature of Parent	Date
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**DISTRIBUTION:** Original to Department of Health and Human Services      Copy to Parent