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| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)*:

|  |
| --- |
| **NAME OF ADOPTING PARENT**  |
| **STREET ADDRESS** |
| **CITY, STATE, ZIP** |
| **NAME OF ADULT BEING ADOPTED****STREET ADDRESS****CITY, STATE, ZIP** |

|  |  |  |
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| TELEPHONE NO:       |  | FAX NO. (Optional):      |
| E-MAIL ADDRESS *(Optional)*:      |  |  |
| ATTORNEY FOR *(Name)*:       |  |  |

 | *FOR COURT USE ONLY* |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA** |
| STREET ADDRESS:MAILING ADDRESS:CITY AND ZIP CODE:BRANCH NAME: | 200 South G Street200 South G StreetMadera, CA 93637Juvenile Division |
| IN THE MATTER OF THE ADOPTION PETITION OF: **NAME OF ADULT BEING ADOPTED** |
| **CONSENT OF SPOUSE OF ADOPTING PARENT** | CASE NUMBER:      |

I, **NAME OF SPOUSE OF ADOPTING PARENT**, hereby state that I was married to **NAME OF ADOPTING PARENT** on **DATE OF MARRIAGE**, and that we remain married and are not lawfully separated. I hereby consent to the adoption of **NAME OF ADULT BEING ADOPTED**, an adult person, by my **WIFE/HUSBAND**, **NAME OF ADOPTING PARENT**.

Dated: **DATE SIGNED** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **NAME OF SPOUSE OF ADOPTING PARENT**