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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** |  |  |  |  | | --- | --- | --- | | 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 Street  200 South G Street  Madera, CA 93637  Juvenile 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**