

MADERA COUNTY SUPERIOR COURT

STATE OF CALIFORNIA

ADULT ADOPTION PACKET

Read the enclosed instructions carefully before filling out your forms. The attached forms should be type or completed in blue or black ink, neatly and clearly.

Material prepared and/or distributed by the Superior Court Clerk's Office is intended for informational and educational purposes ONLY. Such material is NOT intended to be and IT IS NOT LEGAL ADVICE as to your specific case. It is not intended to take the place of competent legal advice from an attorney. You are strongly advised to seek the advice of a licensed attorney before starting or completing your case in order to protect valuable legal rights that you may have and of which you may be unaware of. Please contact a competent attorney of your choice. The Clerk's Office cannot give legal advice.

How to Adopt an Adult

Information included in this guide does not apply to independent, agency, international, or stepparent adoptions.

This Guide includes sample forms and blank forms you can hand write using black or blue ink. An online fillable version of the forms listed below may also be downloaded from: <http://madera.courts.ca.gov/MaderaForms.htm>

BACKGROUND

Adult adoption is a legal procedure in which an older adult adopts a younger adult. Once an adult adoption is complete, the parties assume toward each other a legal parent-child relationship, with all associated rights and responsibilities of such a relationship, including inheritance rights. Adult Adoption cannot be used for Immigration purposes.

An adult adoption severs all existing parent-child relationships, unless the adopting parent is the adoptee's stepparent. When a stepparent adopts an adult stepchild, the adopting parent's spouse retains his/her parent-child relationship with the adoptee. The procedures for adopting an adult in California are found in the California Family Code (Fam.) §§ 9300-9340.

The required documents for an adult adoption are:

- **The Petition for Approval of Adult Adoption Agreement (Form MAD-JUV-012).** This is the formal request that the court approve the Adoption Agreement. This document must provide specific details, including the ages of the parties, the nature and length of their relationship, and the reasons the parties are seeking this adoption. Be clear and specific about why the adoption would be in the best interest of the parties.
- **The Adult Adoption Agreement (Form MAD-JUV-013).** This document states that the parties agree to assume toward each other the legal relationship of parent and child, and to have all the rights and be subject to all the duties and responsibilities of that relationship.
- **The Adult Adoption Order (Form MAD-JUV-016).** This is the formal court order granting the adoption. Present this at the adoption hearing for the judge to sign.
- **Spousal Consent(s) (MAD-JUV-014 and MAD-JUV-015).** If either party is married, consent of the spouse(s) is required.

STEP-BY-STEP INSTRUCTIONS

Step 1: Complete the Required Forms

There is no Judicial Council form for this procedure. Instead, the relevant documents are listed below.

- Petition for Approval of Adult Adoption Agreement (Form MAD-JUV-012)
- Adult Adoption Agreement (Form MAD-JUV-013)
- Consent of Spouse of Adopting Parent (Form MAD-JUV-014)
- Consent of Spouse of Adopted Person (Form MAD-JUV-015)
- Adult Adoption Order (Form MAD-JUV-016)

SAMPLE filled-in forms with instructions are included in this Guide.

Step 2: Make Copies & Organize

Make copies for all parties and for the Court. Your *Adoption Agreement* and *Spousal Consents* should be attached to your *Petition* as exhibits.

The exhibits for the original and any other copies should be separated by a blank paper marked as "Exhibit A".

Step 3: Obtain Form VS-44, Court Report of Adoption

Form VS-44, *Court Report of Adoption*, is required for all types of adoptions. You will complete part I and II of this form, **TYPE OR PRINT NEATLY IN BLACK INK ONLY**. (No erasures, white out or alterations) The clerk will complete part III and forward it to the Office of Vital Records.

Step 4: File Your Documents

File your *Petition for Approval of Adoption Agreement*, including exhibits, along with the VS-44. You may file in the county where either party resides.

The clerk will stamp "endorsed filed" on your *Petition* including all copies, assign your case number, and set a hearing date. The court does not impose a filing fee for adoption papers, but you will have to pay \$20, which is forwarded to the Registrar of Vital Statistics for preparing and maintaining the official records California Health & Safety Code §103730.

Step 5: Attend the Adoption Hearing

The Court will ask you about the reasons for this adult adoption. Make sure that the statements in your *Petition* are clear and specific, so you can refer to the *Petition* as you speak to the judge. Both parties must be present at the hearing. All hearings are scheduled on Fridays at 8:30am, in Dept. 36 (3rd floor).

Step 6: File Your Signed Order of Adoption

After your hearing, file your signed *Order of Adoption*. The clerk will provide you with a certified copy of the *Adult Adoption Order* (Form MAD-JUV-016)

Step 7: Amend Your Birth Certificate

After the adoption is final, the court will mail the VS-44 to the State Office of Vital Records. On this form, you may request an amended birth certificate that reflects this adoption. It may take several months for the Office of Vital Records to process your amendment.

**SAMPLE
FORMS
EXPLAINING
HOW TO FILL
OUT THE
ACTUAL
FORMS**

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		FOR COURT USE ONLY
TELEPHONE NO: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):		FAX NO. (Optional):
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA STREET ADDRESS: 200 South G Street MAILING ADDRESS: 200 South G Street CITY AND ZIP CODE: Madera, CA 93637 BRANCH NAME: Juvenile Division		
IN THE MATTER OF THE ADOPTION PETITION OF: NAME OF ADULT BEING ADOPTED		
PETITION FOR APPROVAL OF ADULT ADOPTION AGREEMENT		CASE NUMBER:

Petitioners allege:

1. Petitioner **NAME OF ADULT BEING ADOPTED** is an adult person, who is **INSERT AGE** years of age, born on **MONTH, DATE AND YEAR OF BIRTH**, in **CITY, STATE**, and now residing at **STREET ADDRESS, CITY, STATE & ZIP**. Petitioner **NAME OF ADULT BEING ADOPTED** **DESCRIBE MARITAL STATUS IF MARRIED, INCLUDING SPOUSES NAME AND DATE/PLACE OF MARRIAGE OR IS NOT MARRIED**

2. Petitioner **NAME OF ADOPTING PARENT** is an adult person who is **INSERT AGE** years of age, born on **MONTH, DATE AND YEAR OF BIRTH**, in **CITY, STATE**, and now residing at **STREET ADDRESS, CITY, STATE & ZIP**. Petitioner **NAME OF ADOPTING PARENT** **DESCRIBE MARITAL STATUS IF MARRIED, INCLUDING SPOUSES NAME AND DATE/PLACE OF MARRIAGE OR IS NOT MARRIED**.

3. On or about **DATE ADOPTION AGREEMENT WAS SIGNED**, petitioners entered into and executed a written adoption agreement in which petitioner **NAME OF ADOPTING PARENT** agreed to adopt petitioner **NAME OF ADULT BEING ADOPTED**, petitioner **NAME OF ADULT BEING ADOPTED** agreed to be adopted by petitioner **NAME OF ADOPTING PARENT**, and both petitioners agreed to assume towards each other the legal relation of parent and child and to have all the rights and be subject to all the duties and responsibilities of that relation. A copy of the Adoption Agreement is attached hereto as Exhibit A and made a part hereof.

4. The spouse of **NAME OF ADULT BEING ADOPTED**, **NAME OF SPOUSE OF ADOPTED PERSON**, has duly consented in writing to the adoption sought herein. A copy of his/her consent is attached hereto as Exhibit B and made a part hereof. Not married

5. The spouse of **NAME OF ADOPTING PARENT**, **NAME OF SPOUSE OF ADOPTING PARENT**, has duly consented in writing to the adoption sought herein. A copy of his/her consent is attached hereto as Exhibit B and made a part hereof. Not married

6. Petitioner **NAME OF ADOPTING PARENT** desires to adopt petitioner **NAME OF ADULT BEING ADOPTED**, and petitioner **NAME OF ADULT BEING ADOPTED** desires to be so adopted.

7. INDICATE THE FAMILY RELATIONSHIP BETWEEN THE PARTIES, SUCH AS STEPCHILD, OR NEPHEW.
8. DESCRIBE THE LENGTH AND NATURE OF THE RELATIONSHIP BETWEEN THE PARTIES.
9. STATE REASONS WHY THIS ADOPTION IS SOUGHT AND IS IN THE BEST INTEREST OF THE PARTIES AND THE PUBLIC.

10. The names and addresses of the living parents and adult children of adult being adopted are as follows:

FATHER'S NAME AND ADDRESS, MOTHER'S NAME AND ADDRESS, ADULT CHILDREN NAME AND ADDRESS.

11. IF THE ADOPTING PARENT, OR THE ADOPTING PARENTS SPOUSE HAS PREVIOUSLY ADOPTED AN ADULT, ENTER THE NAME AND DATE OF THAT ADOPTION. IF NOT, REMOVE THIS PARAGRAPH. I have not previously adopted.

12. Petitioner **NAME OF ADULT BEING ADOPTED** wishes to be known by **INSERT CURRENT NAME or NEW NAME.**

WHEREFORE, petitioners pray that the court permit all persons concerned in this matter to attend and be heard, and that the court examine all persons appearing before it as required by law, and if satisfied that the best interests of the parties and the public interest will be promoted by the proposed adoption, grant the petition, approve the agreement of adoption, and make a decree that **NAME OF ADULT BEING ADOPTED** has been duly and legally adopted by petitioner **NAME OF ADOPTING PARENT.**

Dated: **DATE SIGNED**

NAME OF ADOPTING PARENT

Dated: **DATE SIGNED**

NAME OF ADULT BEING ADOPTED

VERIFICATION

I, **NAME OF ADOPTING PARENT**, am one of the petitioners in the above-entitled proceeding. I have read the foregoing petition and know the contents thereof. The same is true of my own knowledge, except as to those matters which are therein alleged on information and belief, and, as to those matters, I believe it to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: **DATE SIGNED**

NAME OF ADOPTING PARENT

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: _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____		FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA STREET ADDRESS: 200 South G Street MAILING ADDRESS: 200 South G Street CITY AND ZIP CODE: Madera, CA 93637 BRANCH NAME: Juvenile Division		
IN THE MATTER OF THE ADOPTION PETITION OF: NAME OF ADULT BEING ADOPTED		
ADULT ADOPTION AGREEMENT		CASE NUMBER: _____

NAME OF ADOPTING PARENT age **INSERT AGE** , which lives at **STREET, CITY, ZIP CODE**, and **NAME OF ADULT BEING ADOPTED**, age **INSERT AGE** , which lives at **STREET, CITY, ZIP CODE**, have entered into the following agreement:

WHEREAS, **NAME OF ADOPTING PARENT** wishes to adopt **NAME OF ADULT BEING ADOPTED**, and **NAME OF ADULT BEING ADOPTED** wishes to be adopted by **NAME OF ADOPTING PARENT** ,

THEREFORE, the parties agree as follows:

1. To assume toward each other the legal relation of parent and child, and to have all the duties and responsibilities of that relation;
2. To file a joint petition in the Superior Court of California, County of Sacramento, praying for approval of this Agreement of Adoption by issuance of a decree of adoption.

Dated: **DATE SIGNED**

NAME OF ADOPTING PARENT

Dated: **DATE SIGNED**

NAME OF ADULT BEING ADOPTED

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY
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):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA STREET ADDRESS: 200 South G Street MAILING ADDRESS: 200 South G Street CITY AND ZIP CODE: Madera, CA 93637 BRANCH NAME: 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

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: 200 South G Street MAILING ADDRESS: 200 South G Street CITY AND ZIP CODE: Madera, CA 93637 BRANCH NAME: Juvenile Division		
IN THE MATTER OF THE ADOPTION PETITION OF: NAME OF ADULT BEING ADOPTED		
CONSENT OF SPOUSE OF ADOPTED PERSON		CASE NUMBER: _____

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

Dated: **DATE SIGNED**

NAME OF SPOUSE OF ADOPTED PERSON

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		FOR COURT USE ONLY
TELEPHONE NO: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FAX NO. (Optional):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA STREET ADDRESS: 200 South G Street MAILING ADDRESS: 200 South G Street CITY AND ZIP CODE: Madera, CA 93637 BRANCH NAME: Juvenile Division		
IN THE MATTER OF THE ADOPTION PETITION OF: NAME OF ADULT BEING ADOPTED		
ADULT ADOPTION ORDER		CASE NUMBER:

The petition of **NAME OF ADOPTING PARENT** and **NAME OF ADULT BEING ADOPTED** for adoption came on regularly to be heard on _____, in Department No.36 of this court, before the Honorable Thomas L. Bender, Judge of the Superior Court. Both petitioners appeared along with their attorney **LIST ANY ATTORNEY NAMES, LIST THE NAMES OF ANY SPOUSES WHO APPEARED AT THE HEARING**

The court, having examined the petitioners, and received and considered the testimony and documentary evidence and arguments of counsel, finds as follows:

1. Petitioner **NAME OF ADOPTING PARENT** has attained the age of majority and is older than petitioner **NAME OF ADULT BEING ADOPTED** .
2. Petitioner **NAME OF ADULT BEING ADOPTED** is an adult.
3. Petitioner(s) **NAME OF ADOPTING PARENT** and **NAME OF ADULT BEING ADOPTED** is/are resident(s) of Madera County, California.
4. On or about **DATE ADOPTION AGREEMENT WAS SIGNED**, petitioners entered into a written agreement by which petitioner **NAME OF ADOPTING PARENT** agreed to adopt petitioner **NAME OF ADULT BEING ADOPTED** , and the latter agreed to be adopted by the former, and the petitioners agreed to assume toward each other the relation of parent and child;
5. **NAME OF SPOUSE OF ADULT BEING ADOPTED**, the spouse of petitioner **NAME OF ADULT BEING ADOPTED** , has consented in writing to the adoption herein.

6. **NAME OF SPOUSE OF ADOPTING PARENT** , the spouse of petitioner **NAME OF ADOPTING PARENT** , has consented in writing to the adoption herein.

7. The court is satisfied and finds that the adoption will be for the best interest of the parties and in the public interest, and that there is no reason why the petition should not be granted.

IT IS HEREBY ORDERED, ADJUDGED, AND DECREED that the petition herein be, and it hereby is, granted and approved and petitioner **NAME OF ADULT BEING ADOPTED** is hereby adopted by petitioner **NAME OF ADOPTING PARENT** , and the former shall hereafter be regarded and treated in all respects as the lawful child of the latter and shall be known as **INSERT THE LEGAL NAME THE ADULT BEING ADOPTED WOULD LIKE TO HAVE AFTER THE ADOPTION.**

Dated:

Judge of the Superior Court

**ACTUAL
FORMS TO
FILL OUT,
PLEASE TYPE
OR PRINT
NEATLY IN
BLACK or
BLUE INK**

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA
200 South G Street
Madera, Ca 93637

(For Court Use Only)

Need an interpreter? | ¿Necesita un intérprete?

REQUEST FOR INTERPRETER SERVICES | solicitud para servicios de un intérprete

Fill out this form if you or your witness in your case needs an interpreter when you are in court. | Si usted o un testigo en su caso necesita un intérprete cuando esté en la corte, llene este formulario.

Case Number(s) | numero(s) del caso: _____

Case Name | nombre del caso: _____

Hearing Date | fecha de audiencia: _____

Time | hora: _____

Dept | sala: _____

INTERPRETER NEEDED IN THE FOLLOWING LANGUAGE | necesito un intérprete para el siguiente idioma:

<input type="checkbox"/> Spanish/español	<input type="checkbox"/> Chatino*	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Arabic
<input type="checkbox"/> Amuzgo*	<input type="checkbox"/> Triqui Alto*	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Russian
<input type="checkbox"/> Mixteco Alto*	<input type="checkbox"/> Triqui Bajo*	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Hmong
<input type="checkbox"/> Mixteco Bajo*	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Farsi/Persian	<input type="checkbox"/> Lao
<input type="checkbox"/> Zapoteco*	<input type="checkbox"/> ASL	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other/Otro: _____

*For indigenous languages, include country, state, municipality and town of origin | para los idiomas indígenas, incluya su país, estado, municipio y ciudad de origen: _____

INTERPRETER NEEDED FOR | se necesita intérprete para:

Plaintiff/Petitioner
 Demandante/Solicitante

Defendant/Respondent
 Demandado(a)

_____ # of Witnesses | cantidad de testigos

Estimated duration time of witness | tiempo estimado de duración del testimonio: _____

REQUESTING PARTY'S INFORMATION | datos del solicitante:

Name | nombre: _____

Email | correo electrónico: _____

Phone Number | número de teléfono: _____

Please email this request to | favor de enviar esta solicitud por correo electrónico a:

Interpreter.Madera@madera.courts.ca.gov

or file it with the clerk's office | ó entregue este formulario a la oficina del secretario

Please submit this form with a minimum of ten (10) court days in advance. | favor de entregar este formulario con un mínimo de diez (10) días hábiles antes de la fecha de su audiencia.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FAX NO. (Optional):
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA	
STREET ADDRESS: 200 South G Street MAILING ADDRESS: 200 South G Street CITY AND ZIP CODE: Madera, CA 93637 BRANCH NAME: Juvenile Division	
IN THE MATTER OF THE ADOPTION PETITION OF:	
PETITION FOR APPROVAL OF ADULT ADOPTION AGREEMENT	
CASE NUMBER:	

Petitioners allege:

1. Petitioner _____ is an adult person, who is _____ years of age, born on _____ / _____ / _____, in _____, and now residing at _____.

Petitioner _____

2. Petitioner _____ is an adult person who is _____ years of age, born on _____ / _____ / _____, in _____, and now residing at _____.

Petitioner _____

3. On or about _____ / _____ / _____, petitioners entered into and executed a written adoption agreement in which petitioner _____ agreed to adopt petitioner _____, petitioner _____ agreed to be adopted by petitioner _____, and both petitioners agreed to assume towards each other the legal relation of parent and child and to have all the rights and be subject to all the duties and responsibilities of that relation. A copy of the Adoption Agreement is attached hereto as Exhibit A and made a part hereof.

4. The spouse of _____, _____, has duly consented in writing to the adoption sought herein. A copy of his/her consent is attached hereto as Exhibit B and made a part hereof.

Not Married

5. The spouse of _____, _____, has duly consented in writing to the adoption sought herein. A copy of his/her consent is attached hereto as Exhibit B and made a part hereof.

Not Married

6. Petitioner _____ desires to adopt petitioner _____, and petitioner _____ desires to be so adopted.

7. _____

8. _____

9. _____

10. The names and addresses of the living parents and adult children of adult being adopted are as follows: _____

11. _____

I have not previously adopted.

12. Petitioner _____ wishes to be known by _____.

WHEREFORE, petitioners pray that the court permit all persons concerned in this matter to attend and be heard, and that the court examine all persons appearing before it as required by law, and if satisfied that the best interests of the parties and the public interest will be promoted by the proposed adoption, grant the petition, approve the agreement of adoption, and make a decree that _____ has been duly and legally adopted by petitioner _____.

Dated:

NAME OF ADOPTING PARENT

Dated:

NAME OF ADULT BEING ADOPTED

VERIFICATION

I, _____, am one of the petitioners in the above-entitled proceeding. I have read the foregoing petition and know the contents thereof. The same is true of my own knowledge, except as to those matters which are therein alleged on information and belief, and, as to those matters, I believe it to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated:

NAME OF ADOPTING PARENT

“EXHIBIT A”

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FAX NO. (Optional):
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA	
STREET ADDRESS: 200 South G Street MAILING ADDRESS: 200 South G Street CITY AND ZIP CODE: Madera, CA 93637 BRANCH NAME: Juvenile Division	
IN THE MATTER OF THE ADOPTION PETITION OF:	
ADULT ADOPTION AGREEMENT	CASE NUMBER:

_____, age ____ / ____ / ____, which lives at _____, and
 _____, age ____, which lives at _____, have
 entered into the following agreement:

WHEREAS, _____ wishes to adopt _____,
 and _____ wishes to be adopted by
 _____,

THEREFORE, the parties agree as follows:

1. To assume toward each other the legal relation of parent and child, and to have all the duties and responsibilities of that relation;
2. To file a joint petition in the Superior Court of California, County of Sacramento, praying for approval of this Agreement of Adoption by issuance of a decree of adoption.

Dated: _____

NAME OF ADOPTING PARENT

Dated: _____

NAME OF ADULT BEING ADOPTED

“EXHIBIT B”

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FAX NO. (Optional):
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA	
STREET ADDRESS: 200 South G Street MAILING ADDRESS: 200 South G Street CITY AND ZIP CODE: Madera, CA 93637 BRANCH NAME: Juvenile Division	
IN THE MATTER OF THE ADOPTION PETITION OF:	
CONSENT OF SPOUSE OF ADOPTING PARENT	
CASE NUMBER:	

I, _____, hereby state that I was married to _____ on ____/____/____, and that we remain married and are not lawfully separated. I hereby consent to the adoption of _____, an adult person, by my _____, _____.

Dated: _____

NAME OF SPOUSE OF ADOPTING PARENT

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FAX NO. (Optional):
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA	
STREET ADDRESS: 200 South G Street MAILING ADDRESS: 200 South G Street CITY AND ZIP CODE: Madera, CA 93637 BRANCH NAME: Juvenile Division	
IN THE MATTER OF THE ADOPTION PETITION OF:	
CONSENT OF SPOUSE OF ADOPTED PERSON	
CASE NUMBER:	

I, _____, hereby state that I was married to _____, on _____/_____/_____, and that we remain married and are not lawfully separated. I hereby consent to the adoption of my _____ by _____.

Dated: _____

NAME OF SPOUSE OF ADOPTED PERSON

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO: _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA STREET ADDRESS: 200 South G Street MAILING ADDRESS: 200 South G Street CITY AND ZIP CODE: Madera, CA 93637 BRANCH NAME: Juvenile Division		
IN THE MATTER OF THE ADOPTION PETITION OF: _____		CASE NUMBER: _____
ADULT ADOPTION ORDER		

The petition of _____ and _____ for adoption came on regularly to be heard on _____, in Department No.36 of this court, before the Honorable Thomas L. Bender, Judge of the Superior Court. Both petitioners appeared along with their attorney _____

The court, having examined the petitioners, and received and considered the testimony and documentary evidence and arguments of counsel, finds as follows:

1. Petitioner _____ has attained the age of majority and is older than petitioner _____.
2. Petitioner _____ is an adult.
3. Petitioner(s) _____ and _____ is/are resident(s) of Madera County, California.
4. On or about _____, petitioners entered into a written agreement by which petitioner _____ agreed to adopt petitioner _____, and the latter agreed to be adopted by the former, and the petitioners agreed to assume toward each other the relation of parent and child;
5. _____, the spouse of petitioner _____, has consented in writing to the adoption herein.
6. _____, the spouse of petitioner _____, has consented in writing to the adoption herein.

7. The court is satisfied and finds that the adoption will be for the best interest of the parties and in the public interest, and that there is no reason why the petition should not be granted.

IT IS HEREBY ORDERED, ADJUDGED, AND DECREED that the petition herein be, and it hereby is, granted and approved and petitioner _____ is hereby adopted by petitioner _____, and the former shall hereafter be regarded and treated in all respects as the lawful child of the latter and shall be known as _____

Dated: _____

Judge of the Superior Court

COURT REPORT OF ADOPTION

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

TYPE OR PRINT CLEARLY IN BLACK INK ONLY

PART I The information provided in this section must be the information as it was at birth. Without this data, it may be impossible to prepare a new Certificate of Birth.

FACTS OF BIRTH	1A. NAME OF CHILD—FIRST		1B. MIDDLE	1C. LAST (BIRTH)
	2. SEX	3. DATE OF BIRTH—MM/DD/CCYY	4. NAME OF PHYSICIAN (OR ATTENDANT, CERTIFIER, OR OTHER PERSON WHO ATTENDED THIS BIRTH)	
	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY		5B. CITY	5C. STATE OR COUNTRY
	6A. FULL NAME OF FATHER/PARENT—FIRST		6B. MIDDLE	6C. LAST (BIRTH)
PARENTS' DATA	7A. FULL NAME OF MOTHER/PARENT—FIRST		7B. MIDDLE	7C. LAST (BIRTH)

PART II Adoptive parents must furnish personal information about themselves as it was on the child's date of birth. This information is used to prepare the new Certificate of Birth.

FATHER/ PARENT INFORMATION	CHECK THE APPROPRIATE BOX: ADOPTIVE FATHER/PARENT <input type="checkbox"/>		BIOLOGICAL FATHER/PARENT <input type="checkbox"/>	
	8A. NAME OF FATHER/PARENT—FIRST	8B. MIDDLE	8C. LAST (BIRTH)	
	9. STATE/FOREIGN COUNTRY OF BIRTH		10. DATE OF BIRTH—MM/DD/CCYY	
MOTHER/ PARENT INFORMATION	CHECK THE APPROPRIATE BOX: ADOPTIVE MOTHER/PARENT <input type="checkbox"/>		BIOLOGICAL MOTHER/PARENT <input type="checkbox"/>	
	11A. NAME OF MOTHER/PARENT—FIRST	11B. MIDDLE	11C. LAST (BIRTH)	
	12. STATE/FOREIGN COUNTRY OF BIRTH		13. DATE OF BIRTH—MM/DD/CCYY	
14. PLEASE CHECK ONE I want the original birth certificate sealed, and a new birth certificate established. <input type="checkbox"/> Pursuant to Health and Safety Code Section 102640, I choose not to have a new birth certificate established. <input type="checkbox"/>		15. Do you want the name of the hospital or other facility where birth occurred omitted from the new birth certificate as provided for in Section 102645 of the Health and Safety Code? (PLEASE CHECK ONE) YES <input type="checkbox"/> NO <input type="checkbox"/>		

VERIFICATION OF PART II	16. SIGNATURE OF PARENT VERIFYING DATA IN PART II ►	17. MAILING ADDRESS OF PARENT VERIFYING DATA IN PART II
AGENCY OR DEPARTMENT	18A. NAME OF AGENCY OR DEPARTMENT	18B. MAILING ADDRESS OF AGENCY/DEPARTMENT THAT INVESTIGATED/HANDLED THE ADOPTION
ATTORNEY	19A. SIGNATURE AND PRINTED NAME OF ATTORNEY ►	19B. MAILING ADDRESS OF ATTORNEY

PART III The county clerk must obtain as much information as is available to complete Parts I and II before completing Part III and forwarding the record and Court Order/Final Decree to the State Registrar as required by law.

COUNTY CLERK	20. I HEREBY CERTIFY THAT THE INDIVIDUAL DESCRIBED ABOVE WAS ADOPTED BY THE ABOVE NAMED ADOPTIVE PARENTS ON THE _____ DAY OF _____, 20_____, AS SET FORTH IN THE DECREE OF ADOPTION MADE ON THAT DATE IN CASE NUMBER _____		
	21A. NEW NAME AS SET FORTH IN THE DECREE OF ADOPTION—FIRST	21B. MIDDLE	21C. LAST
	22. SIGNATURE AND SEAL OF COUNTY CLERK ►		BY:
	23. CLERK IN AND FOR THE COUNTY OF:	24. DATE SIGNED—MM/DD/CCYY	25. DATE PETITION FOR ADOPTION FILED—MM/DD/CCYY

NAME AND MAILING ADDRESS OF PERSON TO WHOM CERTIFIED COPY IS TO BE SENT	NAME		
	ADDRESS—Street and Number	CITY, STATE, ZIP CODE	DAYTIME TELEPHONE NUMBER ()

GENERAL INFORMATION

The County Clerk shall complete and transmit a court report of adoption to the Office of Vital Records for each decree of adoption granted by any court in the State of California.

The Office of Vital Records shall transmit court reports of adoptions for births that occurred in another state, the District of Columbia, any territory of the United States, or Canada to the appropriate registration authority.

The information contained in Part I and Part II of this certificate is required in order to identify and seal the original birth certificate and prepare a new birth certificate. Once the original birth certificate is sealed, it is only available upon order of a Superior Court.

INSTRUCTIONS

The agency or department handling the adoption should fill out Parts I and II, but the County Clerk may complete any incomplete items in Part I or Part II from the information furnished in the court record.

When requested by the adoptive parents, the Office of Vital Records shall **not** establish a new birth certificate for the child. (Health & Safety Code Section 102640.) The adoptive parents should indicate in Item 14 whether they DO want a new birth certificate established (by checking the "Yes" Box) or whether they DO NOT want a new birth certificate established (by checking the "No" Box).

The adoptive parents may request the Office of Vital Records to omit the specific name and address of the hospital or other facility where the birth occurred by checking the "Yes" Box in Item 15. (Health & Safety Code Section 102645.)

A deceased spouse of an adopting single parent can be listed on the new birth certificate if both adopting parents were in the home at the time of the initial placement of the child for adoption. Refer to Health & Safety Code Section 102660 for additional requirements.

One of the adopting parents should verify the information in Part II, sign in Item 16, and enter his or her mailing address in Item 17. The name and address of the agency or department and the attorney handling the adoption should be entered in Items 18 and 19.

The applicable fee shall be paid to the County Clerk at the time of filing the petition in an adoption proceeding for the services required by statute of the State Registrar. (Health & Safety Code Section 103730.)

For cases in which the petition for adoption was filed on or after January 1, 1972, and the individual was born in California or a foreign country, a certified copy of the new birth record will be furnished without additional fee as provided in Health & Safety Code Section 102710.

For adoptions that occurred prior to January 1, 1972, or in another state, a fee must be submitted for processing the new birth certificate, which includes one certified copy.

Additional certified copies may be obtained from the Office of Vital Records, but there is an additional fee for each additional certified copy requested. Please contact the Office of Vital Records for the current fees, or visit our website at www.cdph.ca.gov. Please do not order additional copies until you have reviewed the original copy for accuracy. The mailing address for the Office of Vital Records is:

California Department of Public Health
Office of Vital Records
MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410