

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address)</i>  TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY</b>  STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
IN THE MATTER OF THE PETITION OF: Prospective Adoptive Parent <i>(name each)</i> : _____  Proposed Adoptee: _____	
<b>CONSENT OF SPOUSE OR REGISTERED DOMESTIC PARTNER TO ADOPTION OF ADULT OR MARRIED MINOR</b>	CASE NUMBER: _____

1. My name is \_\_\_\_\_.
2. I am the  spouse  registered domestic partner of petitioner \_\_\_\_\_, who is  a person seeking to adopt  the person being adopted.
3. I do hereby fully and freely consent to the adoption *(complete either a or b)*
  - a. of my  spouse  registered domestic partner.
  - b. by my  spouse  registered domestic partner.
4. *(If applicable)*  I am the biological parent of the person being adopted, and I give my consent to my child's adoption without relinquishing any of my rights, duties, and responsibilities as a parent.

Date:

\_\_\_\_\_  
 PRINT OR TYPE NAME



\_\_\_\_\_  
 SIGNATURE OF SPOUSE OR REGISTERED DOMESTIC PARTNER