

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <b>NAME OF ADOPTING PARENT</b> STREET ADDRESS CITY, STATE, ZIP <b>NAME OF ADULT BEING ADOPTED</b> STREET ADDRESS CITY, STATE, ZIP  TELEPHONE NO: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b> 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: <b>NAME OF ADULT BEING ADOPTED</b>	
<b>CONSENT OF SPOUSE OF ADOPTING PARENT</b>	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**