

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY CASE NUMBER: _____
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	

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