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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 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