

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		
TELEPHONE NO.:	FAX NO. (Optional):	
E-MAIL ADDRESS:		
ATTORNEY FOR (Name):		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
NONMINOR'S NAME:		
<b>AGREEMENT OF ADOPTION OF NONMINOR DEPENDENT</b>		CASE NUMBER:

1. a. The prospective adoptive parent (name): , age: ,  
born in (city, state, country)  
on (month, day, year): residing at (address):  
desires to adopt (name of nonminor dependent):
  
- b. The prospective adoptive parent (name): , age: ,  
born in (city, state, country)  
on (month, day, year): residing at (address):  
desires to adopt (name of nonminor dependent):
  
2. The nonminor dependent (name): , age: ,  
born in (city, state, country)  
on (month, day, year): residing at (address):  
desires to be adopted by (name of prospective adoptive parent(s)):

The parties agree:

3. That they have mutually consented to the adoption.
4. That they will assume toward each other the legal relationship of parent(s) and child and will have all the rights and be subject to all the duties and responsibilities of that relationship.
5. That they request approval of this agreement of adoption and issuance of an order of adoption that (name of nonminor dependent): is adopted by (name of prospective adoptive parent(s)): and that the name of the nonminor dependent after adoption will be (full name, whether keeping birth name or changing name):

Date:

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(TYPE OR PRINT NAME)



SIGNATURE OF PROSPECTIVE ADOPTIVE PARENT

Date:



SIGNATURE OF PROSPECTIVE ADOPTIVE PARENT

Date:



SIGNATURE OF NONMINOR DEPENDENT