		Са	se Number:	
You	r name:			
	Declaration Confirm	ning Parentage in Stepparent	t Adoption	
		ned to Form ADOPT-200, Adoption		
This	optional form may be attached to the form A		•	
decla	stic partnership with the parent who gave b ration in another format containing substan complete separate declarations.		•	
1	I (write your name)	declare as follows:		
2	Relationship between the birth parent and the	he adopting parent seeking to confirm	m parentage (check one):	
	a. I am the parent who gave birth to the domestic partnership (including a domesto a marriage) with the adopting parent veconfirm parentage)	stic partnership or civil union from o	ut-of-state that is legally equivalent	
		and v	ve remain in that union.	
	b. I am the adopting parent seeking to confirm parentage. I married or entered into a state-registered domestic partnership with the parent who gave birth (name of parent who gave birth to the child to be adopted) and we remain in that union.			
		,, • . • . • . • . • . • . • . • .		
3	We were married/registered as domestic partners on (date you entered into your earliest union) before our child was born. A copy of our marriage certificate, registered domestic partner certificate, or certificate of out-of-state domestic partnership or civil union is attached.			
4	Our child (name of child to be adopted)		s born on (date)	
	A copy of our child's birth certificate is atta	ached.		
5	Our child was conceived through assisted described below (Describe how your cheletter from your sperm bank or a written be attached. If you used a known donor advice before submitting this form):	ild was conceived and whether you u n donor agreement verifying concept	used a known or unknown donor. A ion by assisted reproduction should	

	Case Number:
Your name:	
6 If there are any other persons who are or may be the child child, including their names, the ways in which these persons consent to the adoption:	ons act as a parent to the child, and whether these
I declare under penalty of perjury under the laws of the State of Cal	ifornia that the foregoing is true and correct.
)
Date:	Sion name
Type or print your name	Sign name