

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, Address) TELEPHONE NO: _____ FAX NO.(Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	Reserved for Clerk's Office Stamp
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO Youth Services Center, Juvenile Court 222 Paul Scannell Drive San Mateo, CA 94402	
IN RE: _____	
ADULT ADOPTION-CONSENT OF SPOUSE	CASE NUMBER: _____

1. Adopting parent(s) name(s):

a. _____ b. _____

2. Address

Street: _____ City: _____ State: _____ Zip: _____

Phone number: () _____ Email address _____

3. Your lawyer (if you have one): (*Name, address, phone # ,State Bar#*)

4. Person to be adopted (name):

 Male Female

Consent of petitioner's spouse (only if there is one adopting spouse)

I am married to, or the registered domestic partner of, the adopting parent listed in section 1 and I agree to his or her adoption of the adult listed in section 4.

Date: _____
Type of print name *Signature of spouse or domestic partner*

Consent of spouse of person to be adopted

I am married to, or the registered domestic partner of, the person to be adopted listed in section 2; I agree to his or her adoption by the adult(s) listed in section 1.

Date: _____
Type of print name *Signature of spouse or domestic partner*