

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 AGREEMENT	CASE NUMBER: _____

Adopting parent(s) *(print name)*

a. _____ b. _____
(first, middle, last) (first, middle, last)

Person to be adopted name before adoption: _____
(first, middle, last)

Male Female Date of Birth: _____ Age: _____

Person to be adopted name after adoption: **(print name clearly)**

_____ *(first) (middle) (last)*

The following will be completed in Court before the Judge, DO NOT sign in advance.

We, the undersigned, agree with the State of California to assume towards each other the legal relationship of parent and child and to have all of the rights and be subject to all of the duties and responsibilities of that relationship.

(Type or Print Name)

(Signature of Adopting Parent)

(Type or Print Name)

(Signature of Adopting Parent)

(Type or Print Name)

(Signature of Adoptee)

Date: _____

Judge of the Superior Court