

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) _____ Telephone Number _____ <input type="checkbox"/> <input type="checkbox"/> ATTORNEY FOR (Name): _____ <input type="checkbox"/> PETITIONER (ADOPTOR) <input type="checkbox"/> <input type="checkbox"/> PETITIONER (ADOPTEE) <input type="checkbox"/> SELF-REPRESENTED	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE <input type="checkbox"/> Limited Civil Case <input type="checkbox"/> ONE COURT ST. OROVILLE, CA 95965 <input type="checkbox"/> 1775 CONCORD AVENUE, CHICO, CA 95928	
In the Matter of the Adoption of: _____, an Adult Person. <i>(Name of Person Being Adopted)</i>	
CONSENT OF SPOUSE OF ADOPTING PARENT	

I, _____, hereby state that I was married to _____
(Name of spouse of adopting parent) *(Name of adopting parent)*
 on _____, _____, and that we remain married and are not lawfully separated. I
(Month) *(Day)* *(Year)*
 hereby give my consent to the adoption of _____ ☐ an adult person [☐ a married minor] by
(Name of adopted person)
 my _____,
(Husband or Wife) *(Name of adopting parent)*

Dated: _____, 20____
(Month) *(Day)* *(Year)*

(Printed Name of spouse)

(Signature of spouse)