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