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*