

**IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF _____**

In the Matter of the Petition of

Petitioner(s)



**PARENTAL CONSENT TO ADOPTION
(In California)**

I/we, _____ being the parent(s) of _____ (Gender: M F)
Name of Child

born on _____ in _____ give my/our full and
Date of Birth Place of Birth

free consent to the adoption of said child by

Name(s) of Petitioner(s)

I/we understand that I/we may revoke this consent only during the thirty (30) day period beginning on the date I/we sign this consent and only if I/we have not waived my/our right to revoke the consent. I/we further understand that with the signing of the order of adoption by the court I/we shall give up all my/our rights of custody, services, and earnings of said child and I/we may not reclaim said child.

Signed in the presence of:

SIGNATURE OF REPRESENTATIVE: CDSS or Delegated County Adoption Agency
CDSS DISTRICT OFFICE OR COUNTY OFFICE
ADDRESS
TELEPHONE NUMBER

DATE
SIGNATURE OF MOTHER
DATE
SIGNATURE OF FATHER
FULL ADDRESS