

**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
(Outside California)**

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

born on _____ in _____
Date of Birth Place of Birth

give my/our full and 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:

STATE OF _____)
COUNTY OF _____)

DATE
SIGNATURE OF MOTHER
DATE
SIGNATURE OF FATHER
FULL ADDRESS

On _____ before me, _____, a Notary Public,
personally appeared _____ proved to me on the basis of satisfactory evidence to
(Name(s) Of Mother/Father)

be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature (Seal)

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