

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>NAME AND ADDRESS</i>):	TELEPHONE NO.:	<i>FOR COURT USE ONLY</i>
ATTORNEY FOR (<i>NAME</i>):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA <input type="checkbox"/> Santa Barbara–Anacapa <input type="checkbox"/> Santa Maria–Cook <input type="checkbox"/> Lompoc Division 1100 Anacapa Street 312-C East Cook Street 115 Civic Center Plaza Santa Barbara, CA 93101 Santa Maria, CA 93454 Lompoc, CA 93436		
PETITIONER ADOPTING PARENT: PETITIONER ADOPTING PARENT: PETITIONER ADOPTEE:		
CONSENT OF SPOUSE TO ADOPTION (ADULT) (Family Code §9302)		CASE NUMBER:

Check one:

- I, _____ (*name*), am the spouse of the adopting parent who has petitioned to adopt _____ (*name*), the adoptee. I married (*name of adopting parent*) _____ on (*date*) _____. I fully and freely consent to this adoption.
- I, _____ (*name*), am the spouse of the adoptee _____ (*name*) who has petitioned to be adopted by _____ (*name*), the adopting parent. I married the above-named adoptee on (*date*) _____. I fully and freely consent to this adoption.

VERIFICATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(Date and Place)	(Print Name)	(Signature of Spouse)
(Date and Place)	(Print Name)	(Signature of Spouse)