SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

☐ **HEMET** 880 N. State St., Hemet, CA 92543
☐ **INDIO** 46-200 Oasis St., Indio, CA 92201
☐ **RIVERSIDE** 4175 Main St., Riverside, CA 92501

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar Number and Address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name)*:	
IN THE MATTER OF THE PETITION OF: ADOPTING PARENT(S):	CASE NUMBER:

CONSENT OF SPOUSE OF ADOPTING ADULT

I, _____ (husband/wife) of one of the petitioners herein,
(NAME ON BIRTH CERTIFICATE)

to wit: _____ , the adopting party herein, do hereby freely consent

to the adoption of said _____ , an adult person, by my said

(Husband/Wife).

IN WITNESS WHEREOF, the undersigned has executed this consent this _____ day of _____

_____ (DATE)

_____ (SPOUSE OF ADOPTING ADULT)