SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

☐ **INDIO** 46-200 Oasis St., Indio, CA 92201
☐ **MENIFEE** 27401 Menifee Center Dr., Menifee, CA 92584
☐ **RIVERSIDE** 4175 Main St., Riverside, CA 92501

RI-FLA102

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 PERSON(S): ADOPTEE:	CASE NUMBER:

CONSENT OF SPOUSE OF ADOPTING ADULT

I, _____ Spouse of Adopting Person herein,
(NAME ON BIRTH CERTIFICATE)

_____ , do hereby freely consent to the adoption of said
(NAME OF ADOPTING PERSON)

_____ , an adult person, by my said spouse.
(NAME OF ADOPTEE)

IN WITNESS WHEREOF, the undersigned has executed this consent on the date below.

_____ _____
(DATE) (SIGNATURE OF SPOUSE OF ADOPTING ADULT)