

Attorney or Party without attorney (Name and Address) Telephone No.:	
Attorney for: SUPERIOR COURT OF CALIFORNIA, COUNTY OF SHASTA Mailing Address 1500 Court Street, Room 319, Redding, CA 96001 Street Address 1500 Court Street, Room 319, Redding, CA 96001 Branch	
IN THE MATTER OF	
PETITION FOR ADULT ADOPTION	Case Number: A-

An Adoption Petition must be completed and filed for each adoptee.

- Adoptive Parent Name: _____ Date of birth: _____
Place of Birth: _____ Age: _____ Resident of: _____ County
Name of your spouse: _____

Adoptive Parent Name: _____ Date of birth: _____
Place of Birth: _____ Age: _____ Resident of: _____ County
Name of your spouse: _____
- Adoptee Name: _____ Date of birth: _____
Place of Birth: _____ Age: _____ Resident of _____ County
- Length and nature of the relationship of adoptive parent and the adoptee: _____

(If more space is necessary, please attach a separate page marked Exhibit "A")
- Degree of kinship if any: _____

(If more space is necessary, please attach a separate page marked Exhibit "B")
- Reason the adoption is being sought: _____

(If more space is necessary, please attach a separate page marked Exhibit "C")
- The following is a statement as to why the adoption is in the best interest of the adoptive parent, the adoptee, and the public:

(If more space is necessary, please attach a separate page marked Exhibit "D")

IN THE MATTER OF	Case Number:
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7. Names and addresses of living birth parents or living children of the adoptee:

(If more space is necessary, please attach a separate page marked exhibit "E")

8. Names of other adults previously adopted by adoptive parent(s) or spouse of adoptive parent:

Name of Adopted Adult (s)	Date and County Adoption Took Place	Adopted by
_____	_____	_____
_____	_____	_____

(If more space is necessary, please attach a separate page marked Exhibit "F")

9. **We have entered into and hereby submit** a written adoption agreement stating that the parties agree to assume toward each other the legal relationship of parent and child and to have all of the rights and be subject to all of the duties and responsibilities of that relationship.

10. Each of our spouses has consented in writing to this adoption. We hereby submit those written consents.

11. The adoptee's name after adoption shall be: _____

Print Name

12. We ask the court to approve the adoption and to declare that the adoptive parent(s) and the adoptee have the legal relationship of parent and child, with all rights and duties of this relationship, including the right of inheritance.

I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct.

Date: _____ *Type or print name* _____ *Signature of Adoptive Parent*

Date: _____ *Type or print name* _____ *Signature of Adoptive Parent*

Date: _____ *Type or print name* _____ *Signature of Adoptee*