

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 Name:	
IN THE MATTER OF	
CONSENT OF SPOUSE OF PERSON BEING ADOPTED ADULT	Case Number:

I, _____, spouse of the ADULT ADOPTEE
_____, do hereby Consent to the adoption
of my spouse by the petitioner(s)_____.

IN WITNESS WHEREOF, the undersigned has executed this consent on this

_____ Day of _____, 20_____

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

Signed _____
Spouse of the Adoptee