

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
IN THE MATTER OF THE PETITION OF: _____	
CONSENT OF SPOUSE OF ADULT OR MARRIED MINOR TO BE ADOPTED	CASE NUMBER: _____

I, _____, the spouse of _____, Proposed Adoptee herein, do hereby fully and freely consent to the adoption of my spouse by (name of Adopting Person) _____.

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

Date: _____

Type or Print Name

Signature of Spouse of Adoptee