

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: _____, Adopting Adult	
CONSENT OF SPOUSE OF ADOPTING ADULT	CASE NUMBER: _____

I _____ (spouse) of _____,
 the Petitioner (Adopting Adult) herein, does hereby fully and freely consent to the adoption of Proposed Adoptee:
 _____, an adult person, by my said spouse.

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

Dated: _____

 Type or Print Name

 Signature – Spouse of Adopting Adult