

COURT OF THE STATE OF NEW YORK
COUNTY OF

In the Matter of Adoption of
A Child Whose First Name Is

(Docket)(File) No.

CONSENT OF CHILD
OVER 14

The undersigned adoptive child, who is _____ years old, having been born on _____, hereby
consents to (his)(her) adoption by
(and _____), the petitioning adoptive parent(s) in the above-entitled
proceeding.

Dated:

Child

Adoptive Parent: typed or printed name/ signature

Adoptive Parent: typed or printed name / signature

Adoptive child if over 14: typed or printed name/ signature

Attorney if any: typed or printed name/signature

Attorney's Address and Telephone number

STATE OF NEW YORK)
 :ss.:
COUNTY OF)

On this day of , , before me personally came
 , to me known and known to be the person described in and who executed the
foregoing instrument and
duly acknowledged to me that executed the same.

Notary Public

STATE OF NEW YORK)
 :ss.:
COUNTY OF)

On this day of , , before me personally came
 , proven to me by the oath of
an attorney admitted to practice in the State of New York to be the attorney admitted to practice in the State
of New York to be the person described in and who executed the foregoing instrument and duly
acknowledged that
executed the same.

Judge of the Court