

COURT OF THE STATE OF NEW YORK

COUNTY OF

In the Matter of the Adoption of
A Child whose First Name is

(Docket)(File) No.

EXTRAJUDICIAL CONSENT
(Birth or Legal Parent -
Private-Placement -
Step-parent)

1. I, _____, residing at _____,
_____, am the (birth) (legal) parent of _____ . I do hereby consent to
the adoption of my (daughter) (son) _____
_____, born on _____
by [specify name]: _____, adoptive parent.

2. The name and last known address of the other (birth)(legal) parent of the adoptive child are [delete if inapplicable]:

Dated:

(Birth)(Legal) Parent: 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 , , , the person who executed the foregoing instrument,
personally came before me and acknowledged that (he)(she) executed the same.

Notary Public