

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. \_\_\_\_\_

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

1. I, [specify name]: \_\_\_\_\_, residing at \_\_\_\_\_,  
(birth)(legal) parent of  
[specify first name of child]: \_\_\_\_\_,  
of my (daughter)(son), who was born on specify date]: \_\_\_\_\_,  
adoptive parent.

, do hereby consent to the adoption  
by [specify name]: \_\_\_\_\_

2. The full name and last known address of the other (birth)(legal) parent of the adoptive child  
are:<sup>1</sup>

Dated:

\_\_\_\_\_/\_\_\_\_\_  
(Birth)(Legal)Parent: typed or printed name/ Signature

\_\_\_\_\_/\_\_\_\_\_  
Adoptive Parent: typed or printed name/ signature

\_\_\_\_\_/\_\_\_\_\_  
Adoptive Parent: typed or printed name / signature

\_\_\_\_\_/\_\_\_\_\_  
Adoptive child if over 18: typed or printed name/ signature

\_\_\_\_\_/\_\_\_\_\_  
Attorney if any: typed or printed name/signature

\_\_\_\_\_  
Attorney's Address and Telephone number

<sup>1</sup>Optional

