

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:¹

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

¹Delete if inapplicable

STATE OF NEW YORK)
 :SS:
COUNTY OF)

On this day of ,19 , , the person who executed the foregoing instrument, personally came before me and acknowledged that (he)(she) executed the same.

Notary Public