

Attorney or Party without attorney (Name and Address) Telephone No.:	
Attorney for: SUPERIOR COURT OF CALIFORNIA, COUNTY OF SHASTA Mailing Address 1500 Court Street, Room 319 Street Address Redding, CA 96001 Branch Name:	
IN THE MATTER OF	
<b>CONSENT OF SPOUSE OF PERSON BEING ADOPTED ADULT</b>	Case Number:

I, \_\_\_\_\_, spouse of the ADULT ADOPTEE  
\_\_\_\_\_, do hereby Consent to the adoption  
of my spouse by the petitioner(s)\_\_\_\_\_.

**IN WITNESS WHEREOF**, the undersigned has executed this consent on this

\_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Signed \_\_\_\_\_  
*Spouse of the Adoptee*