

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL 939 W. MAIN STREET EL CENTRO, CA 92243	
PETITIONER: RESPONDENT:	
CONSENT BY BIRTH PARENT Consent to Adoption by Birth Parent Family Code 9003	CASE NUMBER:

I, _____, being the parent of _____, do hereby
 (Print Name) (Name of Child)
 give my full and free consent to the adoption of said child by _____.
 (Name of Petitioner (Stepparent))

I fully understand that with the signing of this document my consent may not be withdrawn except with court approval, and that with the signing of the order of adoption by the court, I lose all my rights of custody, services, and earnings of said child, and that said child cannot be reclaimed by me.

Said child was born on _____ in _____ and is the child
 (Date) (City and State)
 of _____ and _____.
 (Name of Birth Parent) (Name of Birth Parent)

Executed at _____ on Date _____ 20_____.
 (County and State/Country)

 Signature of Parent

 Form of picture ID

SIGNED IN THE PRESENCE OF:

 Name

 Signature

 Title*

*The consent of either or both birth parents shall be signed in the presence of a notary public, court clerk, probation officer, qualified court investigator, authorized representative of a licensed adoption agency, or county welfare department staff member of any county of this state.

NOTICE TO THE BIRTH PARENT WHO CONSENTS TO THE CHILD'S ADOPTION: If you or your child lived together at any time as parent and child, the adoption of your child by a stepparent does not affect the child's right to inherit your property or the property of blood relatives. For further information regarding this right of inheritance, you should consult an attorney.