

SUPADOPT 102

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: CITY, STATE, ZIP: TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA COUNTY OF SANTA CRUZ 1 Second Street, Room 300 Watsonville, CA 95076 Watsonville Branch	
PETITIONER ADOPTING PARENT: PETITIONER ADDITIONAL ADOPTING PARENT: PETITIONER ADOPTEE CURRENT NAME: PETITIONER ADOPTEE BIRTH NAME (IF DIFFERENT):	
CONSENT OF SPOUSE TO ADOPTION (ADULT OR MARRIED MINOR)	CASE NUMBER:

My name is _____

and I am the spouse of the adopting parent proposed adoptee. We were married on _____

We are still married and not legally separated.

I hereby consent to the adoption of (current legal name) _____

formerly (birth name if different than above) _____

by _____

Dated: _____

Printed name of spouse

Signature of spouse