

**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>
<b>SUPERIOR COURT OF CALIFORNIA COUNTY OF SANTA CRUZ</b> 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):	
<b>CONSENT OF SPOUSE TO ADOPTION (ADULT OR MARRIED MINOR)</b>	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