

D.R.L. §111(1) (a)

Adoption Form 2-C
(Consent of Child-
Agency)
8/2002

COURT OF THE STATE OF NEW YORK
COUNTY OF

In the Matter of Adoption of
A Child Whose First Name Is

(Docket)(File) No.

CONSENT OF CHILD
OVER 14

The undersigned adoptive child, who is _____ years old, having been born on _____,
hereby consents to (his)(her) adoption by
(and _____), the petitioning adoptive parent(s) in the above-entitled
proceeding.

Dated:

Child

Adoptive Parent: typed or printed name/ signature

Adoptive Parent: typed or printed name / signature

Adoptive child if over 14: typed or printed name/ signature

Attorney if any: typed or printed name/signature

Attorney's Address and Telephone number

STATE OF NEW YORK)
 :ss.:
COUNTY OF)

On [specify date]: _____, [specify name]:
personally appeared before me. (He)(She) is personally known to me or proved (his)(her) identity to
me by satisfactory evidence as the person whose name is subscribed on this consent. (He)(She)
acknowledged to me that (he)(she) executed this consent.

Notary Public

