

COURT OF THE STATE OF NEW YORK
COUNTY OF _____

In the Matter of the Adoption of _____
A Child whose First Name is _____

(Docket)(File) No. _____

JUDICIAL CONSENT OF BIRTH
OR LEGAL PARENT TO
ADOPTION BY STEP-PARENT

1. I, [specify name]: _____, residing at _____,
_____, birth legal parent of
[specify first name of child]: _____,
of my daughter son, who was born on [specify date]: _____,
_____, adoptive parent.

_____, residing at _____,
do hereby consent to the adoption
by [specify name]: _____

2. The full name and last known address of the other birth legal parent of the adoptive
child are [optional]: _____

Dated: _____

 Birth Legal Parent: type or print name / Signature

Attorney if any: type or print name /signature

Attorney's Address and Telephone number

State of _____)
: 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 judicial
surrender. He She acknowledged to me that he she executed this surrender.

Judge of the _____ Court

(Seal of Court to be
affixed together
with Court Clerk's
certification)