

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.

EXTRAJUDICIAL CONSENT
(Birth or Legal Parent -
Private-Placement -
Step-parent)

1. I, _____, residing at _____, am the (birth) (legal) parent of _____ . I do hereby consent to the adoption of my (daughter) (son) _____, born on _____ by [specify name]: _____, adoptive parent.

2. The name and last known address of the other (birth)(legal) parent of the adoptive child are [delete if inapplicable]:

Dated:

_____/_____
(Birth)(Legal) Parent: 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 extrajudicial surrender. (He)(She) acknowledged to me that (he)(she) executed this surrender.

Notary Public