

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS: _____ ATTORNEY FOR <i>(Name):</i> _____	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
NONMINOR'S NAME: _____	
AGREEMENT OF ADOPTION OF NONMINOR DEPENDENT	CASE NUMBER: _____

1. a. The prospective adoptive parent *(name):* _____, age: _____,
 born in *(city, state, country)* _____
 on *(month, day, year):* _____ residing at *(address):* _____
 desires to adopt *(name of nonminor dependent):* _____

- b. The prospective adoptive parent *(name):* _____, age: _____,
 born in *(city, state, country)* _____
 on *(month, day, year):* _____ residing at *(address):* _____
 desires to adopt *(name of nonminor dependent):* _____

2. The nonminor dependent *(name):* _____, age: _____,
 born in *(city, state, country)* _____
 on *(month, day, year):* _____ residing at *(address):* _____
 desires to be adopted by *(name of prospective adoptive parent(s)):* _____

The parties agree:

3. That they have mutually consented to the adoption.
4. That they will assume toward each other the legal relationship of parent(s) and child and will have all the rights and be subject to all the duties and responsibilities of that relationship.
5. That they request approval of this agreement of adoption and issuance of an order of adoption that *(name of nonminor dependent):* _____ is adopted by *(name of prospective adoptive parent(s)):* _____ and that the name of the nonminor dependent after adoption will be *(full name, whether keeping birth name or changing name):* _____

Date: _____

 (TYPE OR PRINT NAME)

Date: _____

 (TYPE OR PRINT NAME)

Date: _____

 (TYPE OR PRINT NAME)

▶ _____
 SIGNATURE OF PROSPECTIVE ADOPTIVE PARENT

▶ _____
 SIGNATURE OF PROSPECTIVE ADOPTIVE PARENT

▶ _____
 SIGNATURE OF NONMINOR DEPENDENT