

Your name: \_\_\_\_\_

## Declaration Confirming Parentage in Stepparent Adoption: Gestational Surrogacy

**9** This form is attached to form ADOPT-200 (Adoption Request).  
*This optional form may be attached to the form ADOPT-200 if the adopting parent was married to or in a state-registered domestic partnership or equivalent civil union with the parent who established parentage through a gestational surrogacy process. You may instead attach a declaration in another format containing substantially the same information. The legal parent through surrogacy and the adopting parent must complete separate declarations.*

- 1** I (*write your name*) \_\_\_\_\_ declare as follows:

**2** Relationship between the legal parent and the adopting parent seeking to confirm parentage (*check one*):

a. ☐ I am the parent of a child born through a gestational surrogacy process. Only my parentage was established through the Uniform Parentage Act or another proceeding related to the surrogacy. Before the birth of the child, I married, or entered into a state-registered domestic partnership (including a domestic partnership or civil union from out-of-state that is legally equivalent to a marriage) with, the adopting parent who is seeking to confirm parentage, (*name*) \_\_\_\_\_ , and we remain in that union.

b. ☐ I am the adopting parent seeking to confirm parentage. Before the birth of the child, I married, or entered into a state-registered domestic partnership (including a domestic partnership or civil union from out-of-state that is legally equivalent to a marriage) with, the parent whose parentage has been established for a child born through a gestational surrogacy process, (*name*) \_\_\_\_\_ , and we remain in that union.

**3** We were married/registered as domestic partners on (*date you entered into your earliest union*) \_\_\_\_\_ , before our child was born. A copy of our marriage certificate, registered domestic partner certificate, or certificate of out-of-state domestic partnership or civil union is attached.

**4** Our child (*name of child to be adopted*) \_\_\_\_\_ was born on (*date*) \_\_\_\_\_ outside of the state of California. A copy of our child's birth certificate is attached.

**5** ☐ Our child was conceived through a gestational surrogacy process. (*Describe how your child was conceived.*)  
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Case Number:

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Date: \_\_\_\_\_  \_\_\_\_\_  
Type or print your name Sign your name