

STATE OF VERMONT
DISTRICT OF _____

PROBATE COURT

IN RE THE ADOPTION OF _____
(minor)

DOCKET NO. _____

CONSENT OF MINOR IN STEPPARENT ADOPTION
15A V. S. A. 4-103

1. My Full Name _____.
2. My Mailing Address _____

3. My Date of Birth _____
4. The Name of the Stepparent Who is Seeking to Adopt Me:

5. I voluntarily and unequivocally consent to the adoption of me by my stepparent.

Dated this _____ day of _____, 20____ at _____
in the County of _____ and State of Vermont.

(Signature)

(Print Name)

Signed and confirmed in the presence of the Judge or in the presence of a person directed
by the Judge.

(Signature)

(Printed Name)

(Title)