STATE OF VERMONT

SUPERIOR COURT

PROBATE DIVISION

Unit

Docket No.

In re Adoption of:	

CONSENT OF CUSTODIAL BIOLOGICAL PARENT TO ADOPTION (Stepparent or Partner Adoption) 15A V.S A. §4-104

I swear or affirm under oath that the facts set forth below are true and I consent to the adoption of the minor child named below.

Information about Custodial Biological Pare		
	Date of Birth:	
	Email Address:	
City/State/Zip:	Daytime Phone:	
Name of Attorney:		
Address of Attorney:	City/State/Zip:	
Information about the Minor to be Adopte	d:	
Minor's Name:	Date of Birth:	
Information about the Attorney Who Repre	esents the Prospective Adoptive Parents:	
· · · · · · · · · · · · · · · · · · ·	Phone:	
	City/State/Zip:	
Agreements: I understand and agree that: (Check All That Ap	pply) parental relationship between the minor and me.	
The adoption will terminate the pare minor.	ental relationship between the minor and the other parent of the	
·	ting court order for custody (parental rights and responsibilities),	
visitation (parent child contact) or co		
\square The adoption does not terminate the		
through the parent of the minor	of the minor will retain rights of inheritance from and who is not living with the stepparent; and	
the court determines that the ag	visitation or communication with the minor after the adoption if reement is in the best interests of the child. Failure to comply by is not grounds for revoking consent or setting aside the	

adoption; and

C. The parent who is not living with the stepparent remains liable for arrearages of child support unless released from that obligation by the parent who lives with the child and by any governmental agency providing financial assistance to the minor.

This consent is not, and cannot be, a waiver of any further notice to me of the proceeding for adoption of the minor by the person seeking to adopt.

Voluntary Consent: I state that I have legal and physical custody of this minor. I voluntarily and unequivocally consent to the adoption of this minor child. I swear or affirm that the facts set forth in this consent are true and correct to the best of my knowledge and belief. Date Signature

Printed Name

Printed Name of Judge or Other Person Authorized by Judge

Signed and confirmed in the p	resence of the Judge or in the presence of a person directed by the Judge
Date	Signature

At:

City, County and State