

**STATE OF VERMONT**

**SUPERIOR COURT**

**PROBATE DIVISION**

**Unit**

**Docket No.**

**In re Adoption of:**

**CONSENT TO ADOPTION OF ADULT OR EMANCIPATED MINOR  
BY SPOUSE OR PARTNER  
15A V.S.A. §5-103**

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

**My Information:**

My Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Name of Attorney: \_\_\_\_\_  
Address of Attorney: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Information about the Adult or Emancipated Minor:**

Adoptee's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Name(s) of the Prospective Adoptive Parents:**

\_\_\_\_\_

*(Check One Box Only)*

- ☐ The prospective adoptive parent and I are married. The date of our marriage is: \_\_\_\_\_  
☐ The prospective adoptive parent and I are partners. We have been partners since: \_\_\_\_\_

I understand the consequences the adoption may have for any right of inheritance, property, or support I have.

**Waiver of Notice:** *(Check One Box Only)*

- ☐ **I waive notice** to me of any further proceedings in this adoption unless the adoption is contested, appealed or denied.
- ☐ **I do not waive notice** of any further proceedings in this adoption.

**Voluntary Consent:**

**I voluntarily and unequivocally consent to the adoption of this adult or emancipated minor by my spouse or partner.**

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*

At:

\_\_\_\_\_  
*City, County and State*

\_\_\_\_\_  
*Printed Name*

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

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name of Judge or Other Person Authorized by Judge*