

STATE OF VERMONT

SUPERIOR COURT

PROBATE DIVISION

Unit

Docket No.

In re Adoption of:

[Empty rectangular box for adoption name]

CONSENT TO ADOPTION BY GUARDIAN OR AGENCY (Non-Stepparent Adoption)

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 Guardian or Representative of Agency signing the Consent:

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 Minor to be Adopted:

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

Information about the Attorney Who Represents the Prospective Adoptive Parents:

Name of Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

I am: (Check One Box Only)

- [ ] the Guardian of this minor and my consent is required for his/her adoption.
[ ] a duly authorized representative of an agency whose consent is required for the adoption of this minor.

Information about the agency is as follows:

Name of Agency: \_\_\_\_\_ Phone: \_\_\_\_\_
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

I, or my agency, obtained the authority to consent to the adoption in the following manner: (Describe)

[Multiple horizontal lines for describing authority to consent]

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

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

**Voluntary Consent:**

**I state for myself or on behalf of my agency that 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 of Guardian or Representative of Agency*

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*