



CONSENT TO ADOPTION

State Form 12582 (R7 / 3-06) / CW 1331
DEPARTMENT OF CHILD SERVICES

The records in this series are **CONFIDENTIAL** according to IC 31-19-19.

_____, the undersigned, being
(Name of consenting party)

- the parent, born _____, _____; or
- a child, born _____, _____, over the age of 14 years and under 18 years of age; or
- the local Department of Child Services (DCS) office or licensed child placing agency having lawful custody of the child; or
- the spouse of the child to be adopted; or
- the court with jurisdiction over or legal guardian of an incompetent / minor parent; or
- the court having jurisdiction of the custody of the child; or
- the person having lawful custody/guardianship of the child,

hereby consents to the adoption of _____ born _____,
(Name of adoptee)
by _____ or by a person or persons whose names are not known to me.
[Name of adoptive parent(s)]

The following is to be completed by non-residents of Indiana

The undersigned is not a resident of the state of Indiana; and the undersigned, by signing this consent, submits to the jurisdiction of the
Indiana court in which the adoption of _____,
(Name of adoptee)
born _____, _____, will be heard.

Signature	Printed / typed name (title, if applicable)
Relationship (if applicable)	Name of local DCS office / licensed child placing agency (if applicable)
Address of agency (number and street, city, state, and ZIP code)	

Before me, the undersigned, a Notary Public or other person authorized to take acknowledgements (IC 31-19-9-2), personally appeared _____ and acknowledged and signed the foregoing instrument,
this _____ day of _____, _____.

Signature
Printed / typed name, title
Name of local DCS office / licensed child placing agency

My commission or authorization expires _____, _____.

My county of residence is _____ County.